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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

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LECTURE XI.

HYPERTROPHY OF THE NERVOUS CENTRES.

GENTLEMEN,—We have now to enter upon the study of a class of nervous diseases different from those which have hitherto occupied our attention. We have to lay before you the history of hypertrophy of the cerebro-spinal axis, of its atrophy, of ramollissement, and, finally, of induration; after having completed the history of these four lesions, we shall occupy ourselves with lesions of secretion.

Let us commence with hypertrophy of the nervous centres. This lesion may be seated in any one point of the cerebro-spinal axis, in the cerebrum, in the cerebellum, the medulla oblongata, or any portion of the spinal chord; however, we shall take for our type hypertrophy of the cerebral hemispheres, and describe the anatomical characters of that lesion, observed in this part of the nervous system, as applicable to the whole.

Hypertrophy of the hemispheres of the cerebrum is distinguished by the following

Anatomical Characters.

The nervous substance is firm and dense, and opposes unusual resistance to traction; its colour is, in general, more pale than common, and the hypertrophied tissue does not contain any considerable quantity of blood. DANCE was one of the first who wrote upon this subject: you will find an excellent memoir of his on the history of hypertrophy of the brain in the *Repertoire d'Anatomie*, published by M. BRESCHET, vol. 5, where the pathological anatomy of this disease is described with great minuteness and fidelity. The nervous tissue, as we have just said, seems to contain less blood than natural, and when you divide the cerebral substance into slices, you observe but few of those small reddish points which are ordinarily disseminated through the nervous mass when in a normal condition. Thus hypertrophy may exist without hyperemy. It is not an excess of blood which forces the nervous molecules to occupy a greater space than is natural, but the increased bulk depends on an augmentation in the number of those molecules themselves.

When you divide the substance of the brain, the cut gives a dry even surface, which does not present that humid aspect natural to the brain. The same appearance is observed externally; the superficies of the brain is in like manner dry, and it would seem that the normal exudation of fluid which takes place from the arachnoid and pia mater, has been either diminished or suspended. The convolutions are flattened, and approximate together; there does not seem to exist any space between: the latter circumstance is readily explained by the pressure exercised in consequence of hypertrophy. The membranes are closely applied to the cerebral surface, and seem as if they were too tight for the organ which they envelop. The ventricles are, as it were, effaced, and we observe no tendency whatever to effusion within their cavities. The nervous mass, developed beyond measure, seems to occupy the place left, by all the compressible parts yielding to make room for it.

We may now follow the lesion which we have just briefly described, through the different portions of the cerebro-spinal axis. Examples of hypertrophy have been observed in the cerebral hemispheres, in the cerebellum, in the spinal marrow. We propose to study the lesion in each of these portions of the nervous system, apart; and 1st for

Hypertrophy of the Cerebral Hemispheres.

The lesion may occupy the whole mass of the hemispheres, or it may be partial, occupying

but a small portion of the nervous tissue. We shall put on one side the latter species, to consider it at the end of our lecture, and occupy ourselves exclusively at present with general hypertrophy of the hemispheres of the brain. When the augmentation of volume thus comprises the totality of the cerebral mass, two cases may present themselves, which it is important to distinguish, depending on the relative proportions of the hypertrophied nervous substance, and the osseous case in which it is enclosed and supported.

In the first of these two cases, at the same time that the brain, in becoming hypertrophied, tends to occupy a greater space, the osseous parietes surrounding it are equally developed, and we may form an exact estimation of the size of the brain from the magnitude of the cranium. In the second case the brain is hypertrophied, as in the former, but the osseous cavity does not show any tendency to develop itself; the dimensions of the skull are normal, while the relative size of the brain is greatly increased. It is necessary to distinguish carefully these two cases; for, in the first, we may have no accidents which betray the abnormal augmentation of volume in the brain; the skull being developed in the same proportion as the cerebral mass, we can have no compression, and the case may go on for a great length of time, or even to the end, without any of the functions being troubled in a notable manner.

In the second case, which observation has shown to be much more frequent than the first, the osseous parietes do not follow the exaggerated volume of the nervous tissue; hence the brain is necessarily subjected to an habitual compression, and various accidents may ensue; instead of the symptoms of compression, we may have those of irritation or congestion, and their numerous accompanying phenomena, all depending on the greater or less degree of disproportion between the containing and contained parts, between the cranium and brain. So much for the pathological anatomy of hypertrophy of the cerebral hemispheres. You see how it gives a key to many of the symptoms of this affection, and you will not fail to observe the utility of the arrangement we are accustomed to follow in this and our other courses, in which a description of the morbid appearances preceding the history of the disease, and its symptoms, leads you naturally to anticipate a great number of points connected with it, or at least prepares you to understand more perfectly the history of its march, phenomena, and terminations.

Can we ascend to a knowledge of

The Causes which favour Hypertrophy of the Cerebral Hemispheres?

We are compelled to acknowledge that the causes of the lesion now under consideration are completely, absolutely, unknown. Congestion of the brain has been mentioned as one of the exciting causes of hypertrophy; this may be the case, but we are not in a condition to prove it; in theory, we might admit that the frequent repetition of hyperæmia is calculated to produce an hypertrophy of the cerebral substance, but, on the one hand, remember how paleness is one of the anatomical characters of this alteration; while, on the other hand, we have not observed any trace of hypertrophy in a great number of individuals who for a long time had been subject to cerebral congestion. It has also been affirmed, that long-continued and energetic action of the brain, particularly exercise of the intellectual faculties, may give rise to the development of hypertrophy of the cerebral hemispheres. Some writers assert, that on examining the heads of intellectual persons, of individuals remarkable for some great intellectual faculty which they possess in a high degree, the organ of the brain corresponding to this faculty or power exhibits an excess of development, a true species of hypertrophy. This may be the case; it is even probable; but truth compels us to say that it has not yet been demonstrated. We have the more difficulty in admitting the rapid development of any cerebral organ in connection with its activity, as physiology teaches us that nutrition goes on much more slowly in the nervous pulp than in the osseous or muscular tissues, and that we cannot in any way establish an analogy between what takes place in this latter system, as a consequence of long-continued exercise, and the development of the brain, or any portion of the brain, in persons accustomed to laborious mental occupations.

Hypertrophy of the nervous centres is not a disease common to all

Periods of Life.

Thus we are not as yet acquainted with a single case of this lesion observed in an individual who has passed the age of 35. All the cases recorded in the annals of the science, refer to persons below the age just mentioned: it has been seen at from 30 to 20 years, and even at a much earlier period of life; in one case recorded, the patient was a child five years of age. Let us now study

The Symptoms

which accompany hypertrophy of the cerebral hemispheres. In the first place we have to remark that this lesion is sometimes unaccompanied by any symptom whatever: this happens when the osseous parietes are developed at the same time, and equally, with the brain. Here compression does not exist; we have no irritation, no cause of congestion, and the abnormal development of the brain does not produce any notable trouble in the economy.

A remarkable case of this kind has been communicated to us by M. Scoutetten; you will find it in the Archives Générales de Médecine, t. 7, p. 31. It was that of a child five years old, whose head had acquired a degree of magnitude equal to that of an adult. This augmentation of the skull had taken place gradually: however, the intellectual faculties were not at all troubled; the child did not differ from others of the same age: there was no modification of sensibility or motility worth mentioning. This child died from acute inflammation of the bowels. After death the head was examined; the substance of the brain was found considerably exaggerated, especially in the nervous mass situated above the ventricles, and the parietes of the skull, a little thinner than usual, were developed to a size corresponding with the increased bulk of the brain. Here then is a case where the lesion of which we treat was not announced by any symptom.

Lesions of Intelligence from Hypertrophy.

Whenever hypertrophy of the nervous centres is not accompanied by a proportionate development of the cranium, we have a series of accidents produced that may reasonably be referred to irritation or compression of the nervous substance. These accidents may be distinguished into lesions of intelligence, of sensation, and of motion. When the hypertrophy is established in a gradual and slow manner, the intellectual faculties become dull and obtuse. In all the cases which are cited by authors, and in those I have had occasion to observe myself, this diminution of the intelligence existed. Several patients were reduced to a perfect state of idiocy: others had not lost their intelligence, but preserved it in a weakened form, and fell from time to time into a transitory state of imbecility. In other cases we find a perversion of the intelligence: the patient becomes delirious, or sinks into alienation of the mind, and mania. Thus you see how variously the intellectual faculties may be modified or perverted in cases of hypertrophy of the brain, when the skull does not keep pace with the development of the nervous substance. The troubles of intelligence just enumerated may be prolonged with different degrees of intensity, or they may terminate, more rapidly, in delirium, followed by coma and the death of the individual. This is what we have to remark in connection with the intelligence, and the phenomena which it may exhibit. Now for sensibility; what accidents do we observe in connection with the sensibility?

Is Sensibility Modified in Cases of Cerebral Hypertrophy?

Yes. Observation shows that in most cases the modification of sensibility manifests itself by an habitual headache: this, becoming exasperated at certain intervals, and attacking the patient most violently under the form of intermittent cephalalgia, is sometimes a symptom of cerebral hypertrophy. In the first case mentioned by Dance, it was the predominant symptom: we can easily understand how this modification of the sensibility shows itself in headache. The brain is more or less compressed in an osseous case too small to contain it, and must therefore necessarily suffer in proportion to the degree of violence it has to undergo. Several patients experience vertigo, giddiness, &c., as if affected with simple congestion of the brain, and the sensibility in general is modified. In some cases the loss of sensibility is gradual and slow; but in others, after having remained a certain time intact, it is suddenly abolished: this latter circumstance is remarkable, and we would briefly direct your attention to it. Here is a sudden loss of sensibility produced by a chronic alteration of the brain. How do we explain this? Why should the sensation remain perfect up to a certain moment, and then suddenly disappear? It is not easy to find a reason for this phenomenon, although we have frequently occasion to remark the same thing in other organs, where a chronic disease may exist for a considerable time without producing some one of the principal symptoms which it ought from its nature to develop. Yet at a period when we least expect it, without any change in the march of the disease, or in the condition of the patient, this symptom, so long in abeyance, suddenly makes its appearance.

Lesions of Motility.

The disorders observed in connection with the faculty of motion are various, and may be specially comprised under the following heads. In many cases we find convulsions, either appearing with little intensity, or coming on at certain intervals. This modification of motility is chiefly seen in children and infants, for it is a general principle, abundantly confirmed by experience, that whenever the nervous centres are troubled in persons of a tender age, this lesion manifests itself in the form of convulsions. In some cases we observe nothing but simple convulsive movements, repeated from time to time: in others the convulsions assume a more grave form, and present themselves with all the characters of epilepsy, terminating in the patient's death: it is a fact now incontestable, that epilepsy may depend on hypertrophy of the brain. We have had occasion to examine a few cases of this kind, and the only lesion which existed,—but it was one that was most evident, impossible to be overlooked,—was an hypertrophy of the hemispheres of the brain. Here then you have examples of excitation of the locomotive powers in connection with cerebral hypertrophy. In other cases we observe

phenomena of quite an opposite nature: certain patients are affected with a gradual diminution of motility. This weakness of the limbs becomes more and more decided, and at length terminates in complete and general paralysis. It has also been observed that the loss of movement suddenly comes on, in a few cases, after a violent access of convulsions. In all we have now said, you see confirmed a principle that we laid down in the lecture introductory to the present course. You here see that lesions identical in nature,—for we have treated all along of hypertrophy—identical in its seat,—for we have as yet spoken of the cerebral hemispheres only,—may produce not only various, but even opposite symptoms. You see how difficult it is to arrive at the real cause of disease when the phenomena upon which we have to found our judgment are so diversified and contradictory. Finally, you will observe, that these sources of difficulty, common in a certain respect to all the systems, present themselves more frequently and with more obstinacy, if we may use the term, in the study of diseases of the nervous system.

Respiration, Digestion, and Circulation.

The functions of organic life also present some modifications in cases of hypertrophy of the cerebral hemispheres, but in general we may lay it down as a principle that they are not affected. The respiratory functions are not compromised unless the disease has produced a profound impression on the motility; it then becomes embarrassed and difficult, merely because the mechanical agents which dilate and contract the chest, have lost their power of acting. The digestion is not affected during the course of the disease. As to the circulation, it very rarely presents any modifications worthy of notice; in most cases the pulse beats with its ordinary degree of frequency; in one case only do we remember to have observed a disturbance of this function. The pulse is here more accelerated than natural, but as the case is solitary, it must be regarded as exceptional, and we conclude for the circulation as we have done for the respiration, that it is not implicated amongst the disorders of hypertrophy of the brain. Whenever any excess of frequency is observed, it probably depends upon some complication of the disease, not on the cerebral lesion itself. In all the cases we have seen, except the one already mentioned, there was complete apyrexia; indeed the pulse has on the contrary a tendency sometimes to fall below the natural standard. In one case the number of pulsations was seen so low as forty-five in the minute; but this also must be considered as exceptional, or perhaps it was the natural standard of the pulse in the individual who formed the subject of observation.

The different symptoms which depend on hypertrophy of the nervous centres, group themselves together in such a manner as to give a certain march to the disease, and distinguish it into two distinct forms or periods. In the first, it presents itself with all the characteristics of a chronic affection. Then follows the second period. The disease is now acute, it marches rapidly, and the patient succumbs. In almost all the cases which we have observed ourselves, or found recorded in authors, this succession of periods exists. The malady commences in a chronic form, and after having pursued its course for a certain length of time, it terminates with symptoms of an acute nature. During

The Chronic Period

we see appear successively all the phenomena that have been already noticed, except delirium; such as various troubles of the intelligence, headache, convulsive motions, and, finally, epilepsy. These different symptoms may manifest themselves simultaneously in the same patient, or exist singly, in an isolated manner. When this chronic stage has passed through a variable period of time, the acute stage commences, and then we find various symptoms, different forms of disease. In some cases, the predominant symptom is a violent access of convulsions, in the midst of which the patient dies.

The Acute Period.

In other cases, acute hypertrophy of the cerebral hemispheres gives rise to a set of phenomena that are closely allied to cerebral congestion. These may simulate various diseases of the nervous system, and, in particular, cause disturbances very characteristic of acute hydrocephalus. I had occasion to observe at the *Maison Royale de Santé* a case which fully establishes the truth of this latter observation; the patient was brought into the establishment with delirium, and other signs of inflammation within the cavity of the cranium; he fell rapidly into coma, and was agitated by some convulsive motions; the breathing became embarrassed and stertorous, and the patient died. Before death, we had regarded the case as one of acute hydrocephalus, but on the autopsy what did we find? No trace of meningitis; no effusion whatever of serous fluid into the ventricles. On the contrary, the brain presented all the characters which we have described as constituting hypertrophy of the nervous substance. This case was a very remarkable one. The symptoms had the strongest resemblance to those which ordinarily attend acute hydrocephalus, and might have deceived any physician.

Varieties of Cerebral Hypertrophy.

In a disease where the cases that have

been observed are rare, it is useful to draw your attention to particular observations. Thus, we cannot conclude this part of our subject, without noticing the case published by DANCE, in which the patient died as suddenly as if he had been struck by a violent attack of apoplexy, although the disease had not passed beyond its chronic period. The individual, who had laboured for some time under a violent headache, went to one of the warm-baths in the hospital; he remained about three quarters of an hour in the bath, and on coming out was seized with a fainting fit; this continued for a quarter of an hour, but consciousness never returned. At the expiration of that short period the patient was no more.

Treatment of Cerebral Hypertrophy.

We have now concluded a brief sketch of the history of hypertrophy of the cerebral hemispheres; what shall we say of its treatment? It is obvious that we possess no special means of combating the material cause of the disease, the abnormal development of the nervous pulp; our efforts must, therefore, be confined simply to palliate the different symptoms as they present themselves; and the means to be employed for this end are so simple, they follow so naturally from the description we have given of the accidents attending hypertrophy, that we think it superfluous to insist on them at present. We shall, therefore, pass at once to the study of

Partial Hypertrophy of the Brain.

The lesion which now occupies our attention, when confined, as it sometimes is, to a particular region of the brain, may occupy either the deep-seated or the superficial parts. In the deep-seated parts its occurrence is much more rare; however, we have seen examples of this species of hypertrophy. We can affirm with certainty that we have seen cases in which the augmentation of the nervous tissue was confined to the corpora striata; to the corpora ammonis, or the optic thalami; hence we are compelled to admit, on the evidence of our own senses, the existence of partial hypertrophy in the deep-seated portions of the cerebral hemispheres. Now for hypertrophy of the circumference of the brain.

Were I to attempt to lay before you a complete history of partial development of the cerebral organs, we should find ourselves at once involved in the grand question of the doctrine of Gall; for his theory rests entirely on the relation which exists between the development of certain moral or intellectual faculties, and the corresponding hypertrophy of certain portions of the brain which he regards as the special organs of these faculties or propensities; it is impossible for us to enter upon this interesting debate; it belongs rather to physiology than to pathology. All we can say at present is, that as it touches certain parts of pathology, we shall take an opportunity of recurring to it when speaking of mental alienation.

Hypertrophy of the Cerebellum, and its Influence on the Genitals.

We have said that hypertrophy of the nervous pulp may exist in certain portions of the cerebro-spinal axis besides the cerebrum; examples have been seen in the cerebellum. When this part of the nervous centre is hypertrophied, the disease presents itself with the anatomical characters which have been assigned to hypertrophy of the cerebral hemispheres. It is unnecessary to repeat their description here; it may occur without any appearance of development in the cranium, or the hypertrophy may, in other cases, be attended by a corresponding augmentation in the diameters of the osseous cavity which encloses the cerebellum. Here, again, a highly interesting question presents itself. What influence does this exaggerated nutrition of the cerebellum exercise on the generative organs? Do we find the natural impulse of reproduction elevated with that development of the organ to which some physiologists attribute it? We cannot now enter into an examination of this question, which would be foreign to our purpose; however, we cannot avoid mentioning one or two particulars that seem to throw light on the connection existing between the cerebellum as an organ, and the impulse to reproduction as a function. In the year 1828, M. FELIX VOISIN paid a visit to the galleys of Toulon, with the express object of determining whether certain predominant faculties are accompanied by certain external signs, the indications of development in certain portions of the brain; he chose, as a test of this doctrine, the reproductive impulse; he examined and measured the heads of 372 individuals confined in the galleys, proposing to select those who had been confined for the crime of rape; the number of these individuals amounted to twenty-two. M. VOISIN, without any other indication than that which he drew from an examination of the occipital region, pointed out twenty-two amongst the 372 as the persons condemned for the crime just mentioned. On comparing his list with the returns of the prison, he found that of the twenty-two so selected by him, thirteen had really been confined for rape, or attempt upon female chastity; a great many of the remaining individuals were marked as convicts of bad morals, men whose propensities in a certain way required the strictest watch over them.*

Here is a curious coincidence of facts,

* These curious particulars may be found in the Journal of the Phrenological Society of Paris, No. 1, 1833.—ED. L.

and, remark, that if M. Voisin did not discover *all* the individuals confined for the crime of rape, this is no valid objection against the proposition which he wished to establish, because many men are led to the commission of this crime, not from the imperious dictates of nature, not to satisfy an actual animal want or desire, but under the influence of imagination, revenge, and various other motives of a similar kind.

In some cases of hypertrophy of the cerebellum, this organ seems to encroach on the nutritious materials of its osseous parietes, which it takes to itself to appropriate to its development. Here a portion of the skull is absent, and the nervous substance forms a hernia externally, projecting more or less beyond the walls of the cranium. M. Lallemand cites an example of hernia of the cerebellum, although he does not say specifically that the nervous substance was hypertrophied. Another case, published by Dr. Bennet, may be found in the *Gazette Medicale* for 1834, No. 42, p. 667. This is a very curious example, and deserves to be cited at some length:—The subject of this observation was born in the year 1815, and at the time of birth presented no abnormal appearance; however, about four weeks after birth, a small tumour was noticed near the right mastoid process, projecting about half an inch beyond the surface of the bone. The tumour remained nearly in the same condition for two years, when Mr. Bennet, then a student in medicine, attempted to remove it; but the first incision was scarcely practised, when a medullary substance escaped, and the child sank into a state of insensibility. The wound was closed at once, and the infant recovered after a lapse of six or eight weeks; a second tumour now appeared on the opposite side, and both commenced to grow by degrees, until at length they were limited by one large base; at the age of six years the united tumour was as large as a hen's egg; it was now evident that a portion of the cerebellum projected through an opening in the cranial parietes. Whenever a slight pressure was exercised on the projecting mass, the child immediately lost consciousness, and on recovering, complained as if she had been struck roughly on the head. Up to this period she enjoyed perfect health; the intellectual and other faculties were developed in a regular manner. There was no modification whatever of the sensibility or of motility; however, another phenomenon was observed; at the age of eleven, the first symptoms of venereal passion showed themselves. The girl was seized with a furious desire for the male sex, and all the efforts of her mother were unable to prevent her from giving herself up to the most unrestrained libertinage. When confined to the house, the imperious desire by which she was tormented, declared itself in abandoned movements and excessive masturbation. This state of passion continued unabated up to the age of seventeen, when she died suddenly, in consequence of having carried a heavy weight on the head. The examination of the tumour after death showed that a portion of the cerebellum, enormously developed, had projected through a deficiency in the osseous case of the cranium. Here, then, we have a manifest proof of the influence which hypertrophy of the cerebellum may exercise on the genital organs.

These are the principal facts that we know in connection with the subject now before us; but a great deal yet remains to be done before we can clear up the mysterious question of the relation between our faculties and certain portions of the brain and their development. There is, then, a splendid field open for observation and experiment; you might collect materials for a curious history, if you were to take all the cerebella you meet with, weigh and measure them accurately, and thus endeavour to ascertain what relation may exist between different conditions of this organ, and the feelings, habits, or propensities of the individuals from whom they were taken.

Hypertrophy of the Spinal Marrow

is the next subject for our examination: it may be either general or partial; the latter form has not been frequently observed. In one case that we saw, the lesion was confined to the cervical portion of the chord, which had acquired so considerable a degree of bulk as to fill completely the cavity of the vertebral canal. M. Olivier affirms, that when the spinal marrow is compressed at any one point, it acquires an increased volume immediately above the seat of compression. This is a curious fact. Does the medullary substance in these cases really take on an increased nutrition, and present the phenomena of an artery above the point of ligature?

Hypertrophy of the spinal marrow may be general, and then we observe two sorts or species: in the first, the chord has been found more voluminous in children who are born with various malformations of the body, and deficiency in the brain; there is a want of balance in the development of the cerebro-spinal axis, and the chord seems to have assumed to itself the deficiency of nutrition in the brain. A case of the first description has been published by M. Lancennet, in the *Archives Générales de Médecine*, t. 5. The disease is congenital in these cases, and, as we have remarked, the hypertrophy of the chord is a supplement to the atrophy of the brain. In the second species we do not find any malformation of the brain, but the spinal chord, enlarged throughout its whole extent, as Laennec has observed, and firm in substance, fills the vertebral canal, and is exactly applied against its osseous parietes.

The Symptoms of Hypertrophy of the Spinal Marrow

are not, in general, marked with any degree of clearness; on the side of the intellectual faculties nothing has been observed; in one case, where the augmentation of volume was confined to the cervical region, the patient, an infant, was subject to epileptic fits; however, we cannot say if this lesion were the cause of the disease or not, although the former is probably the fact. The absence of any striking symptoms depends perhaps on the circumstance that the chord, in this respect unlike the brain, has sufficient room to increase in its osseous case, without suffering compression, and does not give rise to any trouble of the great functions, unless congestion adds its influence to the operation of the original disease.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURES

ON CASES OF

DISEASE OF THE URINARY ORGANS.

Delivered in the Session of 1836,

BY MR. LISTON.

LECTURE II.

Abscess with Stricture.—State of the Bladder.

GENTLEMEN,—The last time I had the pleasure of meeting you here, I endeavoured to explain to you, and to make you understand, the symptoms of stricture of the urethra, and some of the consequences arising from that disease, and I illustrated these remarks by reference to cases under treatment; I detailed to you the pathological changes which occur, the alterations that take place in the urethra itself, the manner in which the contraction is formed, the state of the passage, both anteriorly to the stricture and behind it. I explained how abscess formed behind the stricture, coming on sometimes very slowly, and ultimately bursting, with very great relief to the patient, a considerable part of the water, after a few days, being discharged through the opening, either in the perineum or in the scrotum,—somewhere thereabouts. Occasionally the abscess bursts into the rectum, giving rise to very unpleasant symptoms, and complicating the case considerably. This occurrence in general follows after severe injury of the perineum. I have seen it happen in two or three patients who had been bruised severely about the pelvic region from banks of earth, for instance, falling upon them, though occasionally abscess forms far back in the canal in consequence of stricture, and bursts into the rectum, the greater part of the water being discharged through that channel. I stated to you also the changes that take place as regards the bladder. The balance in such case is lost, or, as the phrase is, there is a want of consent between the expelling and the retaining powers of that viscus, which becomes contracted, diminished very much in size, and its coats are remarkably thickened, in consequence of the resistance that is offered by the narrowing of the passage. I pointed out to you some specimens in which the muscular coat of the bladder was remarkably thickened, in which, in fact, the parietes resembled more those of the left side of the heart, than those of the bladder in its normal state. The mucous coat undergoes some alteration, and becomes more thickened and vascular, the mucous coat, occasionally, being found to protrude between the meshes of the muscular coat. Pouches are thus formed which often attain a very large size. I have in my collection some preparations, which, however, are rather bulky, and not convenient to remove, with several pouches so large as to be capable of containing a small orange. These pouches sometimes attain even a larger size, and seem to resemble almost another bladder. When the opening of the pouch is narrowed, the fluid is first evacuated (whether by the catheter or by the natural efforts) from the bladder itself, after which it comes away from the emptying of those sacs. Those appendages occasionally contain a considerable accumulation of viscid and acrid mucus, and there is no doubt that the abscesses connected with the bladder, which occasionally burst above the pubis, sometimes have their origin in this protrusion of the mucous coat through the muscular parietes.

But the mischief is not confined to the urethra and bladder only, for you find that *in cases of stricture, sooner or later, the ureters and the kidneys suffer*. You find, more especially when the patients have laboured under retention several times, that the ureters are immensely enlarged, and present a very wide caliber, almost resembling the small intestines; their parietes also are thickened; the pelvis of the kidney is enlarged, in consequence of the sort of valvular arrangement of the opening from the ureter into the bladder being obliterated. If a patient suffers frequently under retention, the ureters and the pelves of the kidneys are dilated, the secreting substance of the kidney itself becomes disorganized, diminishes in bulk, is softened, and, in some cases, almost entirely disappears, presenting merely a sort of bag, formed by the enlargement of its pelvis,

with very little secreting substance at all.* In cases of retention of urine, you can easily satisfy yourselves, from the symptoms, that the kidneys are more or less affected. When retention has existed for a considerable time, the bladder becomes distended, to a certain extent, and then the secretions are suspended in a great measure; but after the bladder is relieved (the pressure probably being taken from the secreting substance of the kidney), the secretion is re-established with great vigour, and the bladder is filled, in the course of an hour or two, to as great an extent as in the first instance. When the kidneys and ureters, more especially the kidneys, are disorganized, from this or from any other cause, the patient may be relieved for a time, the symptoms may be palliated, but his ultimate recovery cannot be expected. He is then in a very precarious condition.

The Treatment of Stricture

demands your closest attention. It is a disease the management of which requires a great deal of skill and dexterity. I do not speak of the strictures which are usually met with—slight contractions of the passage, the mere spasmodic contraction, which is attendant upon thickening and irritability of the mucous lining of the canal, accompanied or not by a discharge, and, perhaps, with some uneasy symptoms about the parts. That is very easily got rid of by the occasional introduction of a proper instrument. There are before you a great variety of

Instruments used to Dilate and Examine the Urethral Passage.

All sorts of flexible and soft instruments are employed for the management of these diseases; but great objections may be offered to the majority of them. They are apt, unless very cautiously and properly used, to turn up, and bend, in the canal. They come out in a form like a hook, by being pressed against the stricture. They turn, as it were, upon themselves; or, again, if their points are entangled in the stricture, and efforts are made to press them on by turning and twisting them about, they come out like a cork-screw, well bathed in blood. You can never depend upon getting a bougie of this sort through a stricture of the urethra possessing any degree of tightness and elasticity. You are apt to do a great deal of harm with them. If you do insist on employing such tools for ascertaining the existence of a contraction, or for exploring its nature, seat, and extent, they must be used with very great caution indeed. It has been proposed to examine the passage with silver balls of different sizes mounted on wires, but these are scarcely ever employed now. The best instrument for the purpose, I believe, is a metallic bougie, such as I now show you, and you require to have them of different sizes, from below this size to considerably above it. Those, I think, are the best which are made of solid and firm metal, and plated over. You may have them of silver, if you will, but they answer the purpose perfectly well if their surface be smooth. You know exactly where the point of an instrument such as this is, is resting. You can direct it in any way you think proper, by a slight movement of the hand. Pressure makes the point obey your will, and you can overcome every difficulty with the greatest facility. But in most cases, in trifling strictures, there is no obstacle. A great deal has been said about the lacunæ of the urethra entangling and obstructing the passage of the bougie. A very small flexible instrument may be so arrested. The contraction of the muscles may, occasionally, also, prevent, for a little time, the

Introduction of the Instrument;

but by using an instrument of proper form and size, and by slightly diverting the attention of the patient, these difficulties are, in general, easily got over. I have frequently seen, where there has been slight obstruction from this latter cause, that by

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* Mr. Liston exhibited at the commencement of the following lecture a very remarkable and beautiful specimen, illustrative of this pathological change in the bladder; it was obtained from the body of very young patient, under three years of age. This child, very delicate, was somehow seized with retention of urine, labouring under it unrelieved for several days. At last a catheter was used. It was found necessary to continue the introduction of the instrument twice a day for many weeks, the power of expelling the contents of the bladder having been lost. The patient was sent to the Hospital, under the supposition that he laboured under calculus vesicæ. No stone could be detected. All means were employed to palliate the symptoms; but the child, labouring under mesenteric disease, greatly emaciated, at length succumbed. The bladder is capacious; the surface rough and fasciculated. In the posterior fundus is an opening with rounded edges, of the size of a half-crown piece, leading to a cavity formed by a protrusion of the mucous coat, and capable of containing at least 5 or 6 ounces of fluid. The ureters are amazingly enlarged, and thickened in their coats, they resemble the small gut of a child; and the pelves of both kidneys, especially the right, are immensely expanded, the cortical and secreting part of the gland being spread out and attenuated.—*Rep. L.*

turning the patient's attention in another direction, by diverting him by some trifling observation, or manœuvre, the instrument has passed in immediately without any difficulty whatever. The muscles surrounding the bulb of the urethra, and the membranous portion, are those muscles which, by irregular and spasmodic action, may offer opposition, but by a little perseverance all these obstacles are to be got over. These muscles are sometimes thrown into powerful, and, in a measure, involuntary action, in consequence of the instrument coming in contact with the disordered and excitable portion of the lining membrane; the further progress of the bougie is thus opposed and prevented unless unjustifiable pressure is made and continued. Upon the pressure, which should be on all occasions gentle, being relaxed, the bougie is forthwith extruded; this is sometimes followed by the escape of a small quantity of blood, which shows the degree of tenderness of the mucous lining, and congestion of its vessels. The instrument is to be passed, if the patient be in the erect position, with the convex portion towards the abdomen. It is allowed to fall in by its own weight, by a *tour-de-maitre*, as it is called. You bring the concavity upwards, and then by depressing it very gently, you get over every obstacle. You may find, perhaps in the membranous portion a little resistance and grasping, a slight tightness of the passage from the action of the muscular apparatus supporting and surrounding it. That is very speedily overcome by gentle perseverance.

Object of the Introduction.

The introduction of an instrument thus gently, affords relief to the patient by diminishing the irritability of the passage, and, if there be any thickening, by promoting the absorption of that thickening. You are aware that the application of mechanical or chemical stimuli, from time to time, to any surface which is naturally irritable, or which has become so from disease, exhausts and diminishes the excitability or the irritability of the part. You introduce the instrument with that view, and allow all the effect of the introduction to pass over before you attempt to introduce it again. You perhaps introduce the instrument when the patient applies to you, allowing four or five or six days to elapse before you attempt it again, and upon the second occasion you will probably get the instrument through the contraction with greater ease; there is, perhaps, less irritability, you withdraw it again, and you are enabled to pass one of two or three sizes larger; and in this way you steal a march on the disease, and the patient in a few days is relieved from all his unpleasant symptoms, both as regards the urethra itself, the parts surrounding it, and those parts, also, which have sympathized with it.

Now, in cases of this kind,—slight and trifling strictures, as I have called them,—there is no use in any other mode of proceeding,—no necessity for having recourse to caustic, which was at one time very extensively used, and used in cases of all kinds —in real and in *supposed* strictures. People were made to believe, when they applied on account of any uneasiness in this quarter, that they had stricture, and a course of

Caustic Bougies

was then entered upon. A great many people were humbugged in that way, and, as I said before, were even "bungled out of their lives" in the end. Daran was amongst the first, I believe, who thought of these bougies. The soft bougies are made of wax and resin, or ingredients of that kind, spread upon slips of cloth, and rolled up with a machine; and into this composition Armenian bole, red precipitate, and things of that sort, were wont to be incorporated, in order that the instrument might have a more powerful effect on the contraction of the passage, from whatever cause that contraction arose. Daran thought there was a sort of wart or caruncle in the passage, and he introduced these escharotic substances, in order that they might act upon, and dry up, or corrode, the warty excrescences. Mr. John Hunter took up this subject, and he substituted for the escharotics in use, the nitrate of silver, which, however, he did not use very extensively. He, again, was succeeded by Sir Everard Home, who made a very good job of it. He long enjoyed a great practice in this line, and he made a point of treating almost every stricture in this manner. Mr. Hunter used his caustic to the anterior and the straighter part of the urethra, by means of such an instrument as I now show you, by means of what was called a "porte caustic,"—a canula, with a wire sliding in it, and a sort of contrivance for containing the caustic at its further end. Sir Everard Home, again, fitted the caustic into plaster bougies, such as you here see. Here are a lot of bougies [*exhibiting an immense number*], for I began to study when the caustic bougies were in great vogue, and with these I provided myself, although I cannot say that I ever used them very frequently. The caustic is inserted into the end of the bougie. Copious directions were given as to how it is to be put in safely, and so on. It seems that the position of the stricture was first ascertained by a soft wax bougie, whether white or black is of little consequence, and then a mark was made on the caustic bougie, corresponding with that on the other; the caustic or "armed" one, as it is denominated, was then slipped down, and held in contact with what opposed it, for a minute or less, according to the determination of the patient or the operator.

This practice has been again revived by DUCAMP, LALLEMAND, and others. What I here, again, show you, are some of the instruments which have been invented lately for the purpose. They consist of a straight or a bent canula, with porte caustics, which are to be passed through the stricture, so that the caustic may be applied to one side or the other. There are little cavities in which the caustic is put. One part of the apparatus is carried down to the obstacle, and that part is pushed through it. The caustic is thus applied to whatever side of the canal is *supposed* to be most diseased. Here are others, for taking an impression of the part previously. This is just a return to the old-fashioned absurdity of measuring to ascertain the site of the stricture,—getting a mould of it, and then pretending to burn it out,—a capital way of picking people's pockets you may depend upon it. This caustic did, undoubtedly, sometimes do good, because when nitrate of silver is applied it will diminish the irritability of the part, and sometimes the patients passed their water easier, and the bougie slipped more readily through the stricture afterwards. The remedy was all very well when employed in this way, lightly and seldom, so as to diminish the irritability of the canal; but when it was applied with a view to drive a mine through the part, to destroy the living stricture, why then it did a great deal of harm. I don't mean to read all the books to you which I have here, but I have brought them in order to let you see the sort of practice that was pursued when I began to study. Here is

One of Sir Everard Home's Caustic Bougie Cases,

for an example, and if no great good was done to the patient by this practice, depend upon it it was very advantageous to the practitioner. The case is one of many of which the book is made up. The patient, a gentleman, had had a clap when sixteen years of age; the inflammation was very severe, and lasted nine or ten months; then a gleet came on; he used astringent injections; the discharge stopped, and the urine was voided with difficulty. The gentleman then applied to Sir EVERARD HOME, who examined the urethra with a bougie, and applied the caustic. Up to a certain time the caustic was applied fifty-one times; then, again, from October 1796 to October 1797, it was applied one hundred and ten times; then the patient went into the country, and had it applied thirty-eight times. This is related in a book which Sir BENJAMIN BRODIE recommends as a very valuable and excellent work! I do not know whether he recommends the practice now or not. He used at one time to talk in commendation of it, if I mistake not, but in his own book he passes over the subject rather lightly; in fact he seems to give it the go-by. The caustic was then applied, from the 5th of January to the 26th of August, one hundred and two times. In another year it was applied one hundred and forty-eight times, —a pretty source of revenue at a guinea a time, I should think. From November to the end of June forty times. In all four hundred and eighty-nine times in this one case! But there are some other cases equally good, if not better. This patient continued free for some time from any relapse, but he was still under the necessity of passing a bougie *daily* into the urethra, and leaving it in the canal for half an hour at a time, to keep the canal in a state of freedom. Now who will be bold enough to call this a cure? Why, after all the four hundred and eighty-nine applications of caustic, he was under the necessity of using a bougie from day to day! A pretty account this, from the surgeon's own mouth, of the success of the practice which he recommends. Yet for years such proceedings were lauded, and nothing would go down but treatment by caustic bougies.

But this has given way to another piece of nonsense, I can call it nothing else,—the cutting of the strictures from within, the using of

Cutting Catheters,

which are not a whit better, or more safe, than the caustic, depend upon it. This practice has been recommended by various surgeons, and I now put before you the various apparatus of those different people. Here, in the first place, is that of AMUSSAT: it is composed of a straight silver bougie, in two parts, joined by a screw. This is passed through the stricture first. (You know very well, that when we can get an instrument like this through the stricture, we consider the cure to be all but complete.) Then the canula, with cutting edges at its extremity, is pushed over, the penis being grasped and pulled forwards, so as to put the urethral canal upon the stretch. The instrument is constructed to cut the internal parts, in the same way as a stricture in the rectum has sometimes been cut when it is unyielding. It is no bad notion, but still it may prove injurious, and it is a practice which is not required. This instrument I had from AMUSSAT himself, and is one which I saw him use. Here, again, is another contrivance of the kind, which is called a "lancetted stilet." It is a catheter, with a lancet, which can be made to protrude at its point. It is a very dangerous sort of tool. Indeed I do not know who would choose to have this introduced into his urethra. It must be a highly dangerous proceeding in the hands of any one, however dexterous he may be. Here is another of these machines. This small catheter is to be passed, with the wire in it; the catheter is then withdrawn, the

wire being left; the wire is then carried through the centre of this cutting instrument, and is intended to serve as a guide to it. It would be all very well if you had any means of fixing the farther end of this wire. If you could but put your fingers in any way into the bladder, and lay hold of the wire, then the conductor would be perfect, and you could push the double lancet down, and divide the parts safely enough. There are other machines of the same fashion; here is one of LALLEMAND'S, and I think it is safer than most of the others. A little lancet is protruded, and the stricture is cut, either by pushing the instrument forward, or in withdrawing it,—all very pretty things to look at, and very useful to the instrument-makers, who of course approve of them; but not so to the patient, as he finds, in the end, by sad experience.

Now in slight cases of stricture, none of these plans by caustic or by cutting can by any possibility be required; and in bad cases no good can result from them. If you could succeed in boring a hole with caustic through a contraction,—and you might do so, were you to use the kali purum, the infernal stone, as it has been called, and which has even been recommended by some innovators and schemers, you would not benefit the patient,—you would certainly leave the patient after great suffering, in a worse state than you found him. Great and imminent dangers arise from the use of any caustic. There is risk of hemorrhage, of rigors, of false passages, and I cannot tell you what else.

But even if you could succeed in passing through the obstacle, you would leave a large internal sore behind, and what are you to expect from the cicatrization of that? Why a worse contraction than existed before. The same observation might be applied to the employment of the cutting instruments. No good can result in a very tight stricture, by dabbling at the near end or commencement of the contraction, with any of them. You would no doubt make a breach of surface in the membrane lining the passage, but you would not succeed in getting through such strictures, as you see in these specimens or drawings,—such as those which patients in the hospital labour under—strictures involving an inch or more of the urethra. You produce, perhaps, a solution of continuity in the inner surface of the canal, and you must have a cicatrization and contraction, in consequence, in that part. Moreover, your patient will very soon labour under a worse stricture, one more tight, confirmed, and unyielding, than you first found him with. I am astonished that some of the clever people who have turned their attention to this subject should not have thought of employing a "punch," as it is called, on the end of the catheter, and taking a bit out of the canal, as clean as a whistle, scooping it out as you would the eye of a potato. It might be called the "terebrated catheter." We shall have something of the kind invented, no doubt, and made a fuss about. Some of you may take the hint and publish a book on the subject. The name is at your service, and you might get a good deal by it.

Now these bougies for burning and cutting you are certainly not warranted in employing in ordinary cases of stricture, and in cases of tight stricture, and all cases of stricture involving a considerable portion of the canal, they cannot possibly be applied with any advantage whatever. What are you to do then? I would have you proceed in the way you have seen cases managed in this hospital. Some of them have, I am sure, been turned out cured after a very short process. I would have you attempt to get an instrument through the contraction, and if you succeed in your object, however small the instrument may be, you will ultimately have but little difficulty in overcoming the disease. I am talking of bad strictures now, such as I showed you preparations of the other day; such contractions as you see in some of the preparations in museums in which punctures above the pubes, and punctures in different parts of the bladder, have been resorted to. I have none such in my collection. You are, however, to try to pass an instrument, and if you succeed, as I have said, in getting one through, however small the instrument may be, the cure is completely within your grasp. A great deal of care and caution is necessary in the introduction of instruments in such cases. Sometimes you may be foiled in passing an instrument in the first instance, but if any water come through at all, if the bladder be capable of relieving itself in any way, you are not to be disappointed; at least, if you have gone about it gently, in general no bad effect can result. You will attempt the introduction at another time, and perhaps succeed at last in getting one through, and there you would retain it.

Proper Catheters.—Mode of Use.

The instruments which I should recommend to you in tight and bad stricture, are catheters, such as I now hold in my hand, pretty firm and well tempered, which will not bend and yield readily. You may use them of any curve you please, the less bent the better. These are good old-fashioned catheters with large metal rings, by which you have quite a sufficient hold. They are far to be preferred to the new-fangled tools with wooden handles, well furrowed, in using which you lose the advantage of that delicacy of touch by which alone you can guide the point of the instrument certainly and safely to its destination. I must say I do not fancy any instrument whatever with a rough handle, and far less sounds, staffs, and ca-

theters, which are intended to be passed into deep hidden parts, and the safe conduct of which depends upon the motions of the fingers, regulated by the feelings communicated through their nerves. In looking over the stores of instrument makers, one would be led to suppose that the different cutting and boring machines had been contrived by some very nervous and shaky gentleman who was obliged to hold on like grim death, lest his finger and instrument in his excessive agitation should part company. You must begin with a small one. You will pass it down, and probably get it through the first contraction, by which you will find it firmly embraced. You may overcome the resistance thus occasioned, and find perhaps that there is a second contraction further on. You cannot with any very great safety pass forward the catheter, because you are uncertain whether the resistance is offered by the grasping of the first stricture, or whether it is owing to the opposition of the second one. You retain the catheter for a little while. If you are anxious, and it is an object to get the catheter into the bladder at that time, you may withdraw the first instrument, and then try one of half the size. That will not be held by the first stricture, and you will then probably get it readily through the second, and lodge it in the bladder. But you will recollect that there is a dilatation always behind the stricture, and you must be exceedingly cautious in passing it through the prostatic portion of the urethra. The ducts are always increased in size, and if you do not take care, the catheter may get entangled in one of these, and if you persevere in pressing it forward, you may do a mighty deal of harm. You should pass your finger into the rectum as a guide, not with a view of changing the position of the point of the instrument; that you cannot do; but with the intention of enabling you to ascertain exactly what direction it is taking. You withdraw the catheter a little, and pass it on again, if there be a resistance, until you succeed in lodging it in the cavity. The passing of the water of course affords evidence that all is right.

Now, as I said before, you may find it impossible to pass the instrument in the first instance, but you are to try it again and again, and at last you ought to succeed. If any water comes away at all through the urethra, although it may be in a very shabby way,—by mere drops,—you ought to succeed in getting the instrument into the bladder. I have, in two or three cases, where water was passing away, been very much afraid, lest I should be called upon to cut into the urethra behind the stricture. You may be called upon to do so in cases where you have been foiled in passing the instrument through the urethra. But I think that

When there is Complete Retention, there is less difficulty in passing a Catheter

than when the bladder is capable of relieving itself, because then there is a straining of the bladder. The urethra behind is considerably distended and enlarged, and there is less difficulty in finding the canal behind the stricture, than there is when there is no retention of urine. I should say, that sometimes, even where no water has passed at all, for a long period, through the natural canal, you may succeed in getting the catheter through. I have had to treat some very bad cases at one time and another. I mentioned to you a case the other day, that of Martin, who stated that he had passed no water for some time before he came here. Mr. Hay, one of the very many diligent pupils at this school, had seen the patient a considerable time before he came in, and Mr. Hay's account agrees exactly with my impression, that the patient had not for a considerable time passed any water at all through the urethra, but yet you saw that by perseverance the catheter was at last got into the bladder. I have before me the notes of a somewhat similar case, written by the patient himself, in which he says, that in the latter end of 1826 he had a stricture. He went to a warm climate, and a short time after his arrival he got stricture so badly, that he could not make water at all, and it was drawn off regularly. In the year 1829 he placed himself under the care of a practitioner in this city (London), and to all appearance got well. He returned to India again, but became so bad in 1835, that none of the medical men could pass the smallest bougie, and his water came away merely by drops, with the most excruciating agony, the desire to urinate coming on every ten minutes. From the external opening of the urethra to the entrance into the bladder, the parts, he says, were swollen enormously. He was told that he laboured under disease of the prostate. Indeed, it is astonishing how many practitioners fall into the blunder of supposing that young men are labouring under that affection, for it is only in old age that the sort of hypertrophy, or enlargement of the prostate, takes place. There is no disease of the prostate gland in young men; the obstacle is generally situated farther forward. He was sent home, and was so ill on his voyage, that for the last nineteen days in August, he states that he could not make a single drop of water, and superadded to the retention of urine was suppression of urine. The functions of the kidneys *must* have been suspended, otherwise serious local mischief would have taken place, and that other bad consequences did not occur is astonishing. A swelling formed behind the scrotum, and burst; an abscess had formed in the perineum, and he was relieved. Upon his arrival in this country he applied to medical men in his neighbour-

hood, but they could not pass any bougie, and for two months before he came to me, not a single drop of water had passed through the urethra. He could not retain his water; it was running from him at all times, and occasionally violent spasms came on, of the most excruciating kind; there was violent straining of the bladder, and of the muscles that are concerned in emptying it. In that case a catheter was got through the first stricture with no very great difficulty. I could not succeed in passing it to the bladder at first, but I assured him that every thing would go on well, and begged of him to retain it in half an hour; I returned and withdrew it, and at the same time took the liberty of passing one, a little less in size, through the second contraction, into the bladder. This catheter was retained for forty-eight hours. That was taken out, and one of about double the size was introduced. The day after, a full-sized catheter was passed into the bladder without difficulty. It was withdrawn, and he was allowed to rest. In two days the catheter was reintroduced readily. Since then it has been passed four or five times, with an interval of five or six days, and having regained his health and strength, he now walks about and amuses himself, having completely recovered all the functions of the parts; the openings have nearly healed up, and he will soon be perfectly well. As regards the fistulous tracts and openings in the perineum and scrotum, the removal of their cause (the obstruction of the passage in the great majority of cases), suffices for their cure—they gradually cease to give exit to urine; it passes slowly, then in drops, as the stream through the natural passage improves, and, finally, both that and the purulent secretion cease entirely; the hardness gradually disappears. It may be now and then necessary to dilate the openings a little, to foment, and enjoin rest, if, after the introduction of a bougie, pain or swelling should supervene. In some few cases, when perhaps the whole of the urine has found an exit for months through a false passage, and when that does not close after the urethra is put into good order, you may be called upon to employ means to promote and hasten the closure of the sinus. In those cases, in which a communication has been formed with the bowel, also, further proceedings are called for than a "course of bougies." You may have to retain a catheter for some time, though, occasionally, ulceration is proceeded or kept up by a foreign body in the urethra. The means most effectual, and by much more to be depended upon than real or supposed caustics, is the application of a heated wire, and that is almost the only case in surgery,—those false passages about the male or female organs,—in which, so far as I apprehend, the actual cautery can be justifiably employed. We can, when some would have recourse to its use, attain our object more speedily and effectually by less painful and much less appalling methods. Here, however, the extent of the cauterization can be more certainly regulated, and the contraction which follows is more complete than that which follows any potential cautery. If a repetition of the application is called for, a sufficient interval must be allowed to elapse betwixt the operations. The contraction must be allowed to go as far as it will do after one touch of the wire, before it is repeated. As yet we have had no trouble with those cases of fistula in perineo which you have seen treated in this hospital, and these have not been few since it has been opened for the reception of patients.

(*To be concluded.*)

LECTURE

ON THE

HISTORY OF HYGEINE.

Delivered in his Course on Hygeine, at the Lecture Room, 8, Grafton Street, Fitzroy Square,

By WILLIAM FARR, Esq.

Travels of Hippocrates.—Philosophy of Life and Death.—Defects in the Ancient Medical Classics.—Climate of Greece.—Epidemics.—Cases reported by Hippocrates.—Crises of Diseases; real Signification of this Doctrine.—Diseases have a determined Duration.—Diseases terminate naturally in Recovery.—Philosophy of Diet.—Relation between Diet and Exercise.—First Signs of Excess in Food.—Adaptation of Diet to the Seasons.—Influence of Climate on Man, physiological and pathological.—Changes of Climate advantageous.—Influence of Social Institutions.—Proofs that the Hygeinic Department of Medicine, cultivated with so much care by Hippocrates, may exercise more Influence on the Health of Mankind than Drugs.

Gentlemen, — The architecture of the Greeks, their poetry, history, and philosophy, have been understood in this country, and are regarded with reverence by their equal and natural judges; but how do we regard the medicine of the Greeks? Are we as well acquainted with the works of Hippocrates as the artist is with the creations of Grecian sculpture? We know his name; the cyclopedists trace many fantastic doctrines to his works; a quotation now and then crosses our path; but what is our present conception of the essential principles he taught? His words are on some of our

lips, but is the philosophical physician's spirit therefore in our hearts? Among many he appears to be in very low esteem. A member of the Council of the College of Surgeons, in his evidence before Parliament, said,—"I believe that neither Hippocrates, Galen, nor Celsus, would obtain our diploma: they would all be turned back in five minutes by either the College of Surgeons or the Apothecaries' Company." Dunces, you know, are sometimes kept up half an hour in Lincoln's-Inn-fields; but the insufficiency of Hippocrates would be apparent in five minutes. He would inevitably be "turned back." This was spoken by a gentleman of "infinite jest;" yet it is probably sober truth, and shows how great men may be treated with contempt where their greatness is forgotten. A good English translation of the works of Hippocrates, a better knowledge of Greece, and a higher tone of thinking, will, no doubt, in the end place the medicine of the Greeks in the same advantageous position as their other arts.

In inviting you to examine with me the doctrines of Hippocrates, in whose mind the hygeine of civilization first assumed a consistent form, it is not from any desire to enforce them by a superstitious regard to antiquity or authority; but in the hope of being able, after familiarizing our minds with great and accurate thoughts, to apply with greater success to the investigation of Nature.

Hippocrates, born in Cos, a small island on the luxuriant coast of Asia Minor, was the second of that name, and inherited all the accumulated wisdom of an ancient family of the Asclepiadæ. His career commenced 460 years before the birth of Jesus Christ. He travelled through several states of Greece, spending his time chiefly in Athens, Thessaly, Thrace, and the island of Thasos; he visited many of the neighbouring people, and after attaining great glory in that country and among his disciples, retired to Cos, to devote himself to his writings. In this island, or at Larissa, he died, aged eighty-three years. It was the time of the Peloponnesian war,—the age of Pericles and Socrates.

Hippocrates was not the author of all the works now printed under his name; he wrote but few himself; others were committed to writing and extended by his followers, or they were the productions of his family. I proceed to develop his views of hygeine from the more authentic documents, as they form a more enlarged system of health than has ever been conceived by any other man. In general I have followed the admirable Coray in the translations, but if I have in any cases mistaken the sense, I shall thank any one who may be a good Hellenist to put me right.

Hippocrates, as the basis of his philosophy, lays down that life and organization, and health and death, are but states of matter; that the birth of one body is the death of another; that the composition of one is the decomposition of something pre-existing, and that matter is eternal in its properties. No body is destroyed, or can become what it was not before, or can be formed from nothing. To be produced, and to be destroyed, to be born and to die, are the same thing,—combination and decomposition, changes of form. Men think that what springs from invisibility into light is created, that what passes from light to darkness, perishes; but we must believe the evidence of our own eyes rather than unevidenced opinions. All things human undergo metamorphoses, increase and decline to their maximum and minimum, as the sun and moon, as light and darkness. In its changes, everything, great or small, fulfils its fate, willingly or unwillingly, by divine necessity.

In examining the doctrines of Hippocrates, we must never forget—although the anticipations of his genius sometimes tempt us to forget—that he was the first who devoted himself exclusively to the study of physiology, and to the cultivation of medicine. The nature of man, his organization, his relation to the external world, and the causes and remedies of his multitudinous diseases, when first opened to investigation, revealed questions enough to overwhelm the mind with confusion. Should we, then, be astonished to find errors in the Hippocratic writings,—particularly on anatomy, and on subjects which the prejudices of the Greeks and the want of instruments prevented him from examining? His discriminating genius is discoverable in the direction of his mind to objects within reach, and of most pressing interest to humanity; the imperfection and uncertainty of his principles resulted from the want of instruments for measuring phenomena. He had no barometer, no thermometer, no hygrometer, so that all his observations on temperature and moisture are indeterminate; he did not employ enumeration to measure the duration of life and disease, the proportion of sickness, the various forms of disease, and the deaths in all ages and under all circumstances; yet in a great many instances he has predicted what calculation will prove to be correct; he has measured the evil in his mind, and foretold the remedy.

Every form of malady and death may happen to men of all races, of all ages, and at all seasons,—but the relative proportion occurring in these various circumstances is very different. Greece is situated between the 36° and 40° of N. latitude; it is traversed by the Isothermal line, 18½°, centigrade; more than nine months in the year the temperature is higher than that of spring in England. Placed on the tropical border of the temperate zone, surrounded by the

Mediterranean, bathed by the hot winds of Africa saturated over the sea, chilled by the north-east winds of the continent, or refreshed by the life-giving west, Greece, from its multitudinous shores to its lofty mountains, some of which rise 7000 feet, presents all the fruits of the tropics, intermingled with the corn and flocks of England. Many districts have no direct outlet to the sea, and the shores are marshy, which, with the heat of autumn, produces the fevers of the tropics. In January, the pulmonary affections of England prevail. Out of 15,191 diseases occurring among the English troops in the Ionian islands (1816-1821), 5721 were common, remittent, or intermittent fevers; and it was observed that while the fevers of the troops were remittent, those of the natives were intermittent. The same class of diseases, and the same difference, were observed by the French in the Morea, during their last expedition.

In the books of Epidemics (*επι upon δημος the people*) HIPPOCRATES attempted, and in part realized, the great undertaking of presenting all the diseases of a people in connection with the natural phenomena of the seasons. The constitutions of the years are determined; the winds, the heat and cold, the moisture and dryness, and the order of their succession; then the reigning morbid constitution, the mortality and the *duration* of diseases, the ages, sexes, and occupations most afflicted; while illustrative individual cases follow.

The term *epidemic* now designates one widely prevailing form of malady. Epidemic, in its present sense, is the *reigning disease* of Hippocrates, to which he did not confine his attention, but took into consideration, and described, all the contemporaneous types of sickness. In the late descriptions of epidemic cholera, you will find that statistical writers in England, Germany, and France, have restricted themselves almost exclusively to reporting the deaths from cholera,—and sometimes the cases. Now the total deaths or cases out of the living at each age, and the deaths from the epidemic, compared with the deaths from other causes, were the most essential and interesting elements of the problem which they sought to solve,—elements which they overlooked, and which HIPPOCRATES especially regarded.

In reporting cases, his choice was influenced by the character of the disease they were intended to represent. He neither reported merely fatal cases, as is too often done by the French pathologists, nor did he confine his relations to cures—the rock on which we often split in England. BOYLE somewhere censures HIPPOCRATES for narrating so many unfavourable cases, but this scientific candour was an element of the great observer's immortality.

From the manner in which his observations were recorded, it was easy to ascertain the periodical changes and the course of a disease. He did not reckon by days of the month, as is done in the present day, but by days of the disease, dating from the onset; he does not say on the 3rd, the 8th, &c., of the month, but on the 3rd, the 8th, &c., of the disease, such a change took place; or the malady terminated. One of the shortest cases will make this clear:—

Eighth Patient.—A young man, who slept in the market-place of Liars (Athens), was seized with fever from fatigue, labour, and unusual walking. 1st day. Stools bilious, thin, abundant; urine thin, dark-coloured; no sleep; thirst. 2nd day. General exacerbation; purging frequent, excessive; no sleep. The mind agitated; perspired a little. 3rd day. *Malaise;* thirst; loathing; great restlessness; despair; disturbance of mind. The extremities livid and cold. Præcordia swollen, softish. 4th day. Had not slept; growing worse. 7th day. Died. Aged 20.

By forming a table of such cases—perhaps without doing this—it would be easy to perceive whether the crises occurred on any particular day, or in any definite time. The crises of some fevers, it is said, happened on the fifth or sixth day; in others, no crisis took place before the 20th, 40th, or 80th day; some never came to a crisis. Fevers, in which life is destroyed or saved, terminated in the same number of days. Relative to the crisis, some days are called "remarkable" (κριτικὸς), which was translated into Latin by *in par* (odd, unequal); but means, according to good Hellenists, *unequalled, superior.* The chief critical days were the 4th, 7th, 11th, 14th, 17th, 20th.

Diseases were divided into three stages. In the first the crude morbid elements existed, in the second the *morbid product* was formed, in the third it was expelled, and this coincided with the termination of the morbid revolution. The crisis was synonymous with termination, whether by recovery or death; but it was sometimes applied to a single symptom.

HIPPOCRATES appears to have been misunderstood with regard to the doctrine of critical days; for instance, CELSUS misstates and combats that doctrine on erroneous grounds. Some appear to think that HIPPOCRATES imagined that diseases came to their crisis, or, in other words, terminated, *only* on the critical days; how incorrectly, the following forty-one cases, recorded in the first and third books of "Epidemics," will make manifest.

Here the crises are distributed very unequally, because they are fevers, and they are not confined to the critical days. It could, consequently, only be meant to affirm that, on the average, fevers ended *more frequently* on these than on other days; and this may be more obvious in the intermittent diseases of the Mediterranean than in this country.

TABLE 1.—*Crises of 41 Cases of Disease, recorded by* HIPPOCRATES *in the first and third Books of "Epidemics;" showing the days on or before which they terminated by either Death or Recovery.*

Day.	Crises.	Day.	Crises.
2	1	17	3
3	1	20	3
4	3	21	1
5	4	24	2
6	3	27	1
7	5	34	2
10	1	40	3
11	3	80	3
14	2	120	2

But there is another sense in which the Hippocratic doctrine may be understood. He may have divided acute diseases into periods, in order to predicate when the majority of crises occurred, although the observations were not numerous. And this sense is supported in the book of "Crises," where it is said that the mildest fevers terminate on or *before* (προσθεν) the 4th day; the most deadly destroy on or *before* the 4th day. So the first access (ἐφοδος) ends. The second extends to the 7th, the 3rd to the 11th, &c. I therefore think we may admit that acute diseases were divided into weekly periods, and that these were subdivided into intervals of four and three days, as half a week could not be expressed in entire days (δλαις ἡμεραις). The foregoing forty-one cases, thus arranged, would justify us in saying concisely, that the crises took place on or before the 7th day, and that the diseases in question were *judged* by the 20th, as ten cases ended in the second period (προσθεσις), and only thirteen out of forty-one remained at the end of the third week.

TABLE 2.—*Weekly and Half-weekly Crises of the preceding 41 Cases; 24 of which were by Death, 17 by Recovery.*

Week.	Between Days.	Half-weekly Crises.	Weekly Crises.
1	0—4	5	15
	4—7	10	
2	7—11	4	6
	11—14	2	
3	14—17	3	7
	17—21	4	
4	21—24	2	3
	24—27	1	
5	27—34	1	2

The eight remaining cases terminated on or before the 40th, 80th, or 120th day.

Whatever the Hippocratic doctrine may be, it is certain that in this country, in France, and in Germany, few diseases terminate on particular days, or at one period; but I shall be able to show you, that the termination or crisis of several, and probably of every disease, takes place according to a determined law, which may be at any time deduced, when the observations are sufficiently exact and numerous. Dr. LATHAM has reported 297 cases of typhus fever, to refute the Hippocratic notion of critical periods,—to show that the crisis of that disease is irregular, and subject to no law. When properly arranged, they prove exactly the reverse:—

TABLE 3.—*Crises of 297 cases of Fever reported by Dr.* LATHAM; *who does not state how many died or recovered.*

Day	Crises.	Day.	Crises.	Day.	Crises.
5	2	24	10	42	4
6	3	25	6	43	2
8	3	26	4	44	3
9	6	27	7	45	1
10	3	28	8	46	4
11	12	29	4	47	1
12	13	30	11	48	1
13	12	31	11	49	8
14	8	32	6	50	1
15	9	33	8	51	1
16	14	34	6	53	2
17	12	35	5	55	2
18	16	36	1	56	1
19	8	37	—	57	2
20	9	38	3	59	1
21	8	39	5	60	1
22	7	40	8	62	1
23	9	41	3	65	1

In looking over this table, it may be supposed that the 11th, 12th, 13th, 18th, 24th, 30th, 31st, and 49th, were critical days, as the great number of cases terminated on those days; but this irregularity is owing to the small number of facts being divided into a great many sections. If the cases were more numerous they would terminate regularly, as in Table 4; where longer spaces of time are employed:—

TABLE 4.—*Showing the Weekly Crises of 296 Cases of Fever.*

Week.	Crises.
1	5
2	57
3	76
4	51
5	51
6	24
7	20
8	7
9	5

Mean duration 3½ weeks.

HIPPOCRATES was well aware that the majority of patients recover from disease; that the majority of fevers, inflammations, and other severe maladies, seldom destroy more than a fraction of those attacked, when left to pursue their unobstructed course. In Corfu, where the annual deaths were 27.4 per 1000, only 23 died out of 1000 attacks from disease of all kinds, sufficiently severe to send the soldier to the hospital. I never saw this calculation made for England; but I think it furnishes an approximation to the general truth. The patients were treated, and the deaths were no doubt considerably diminished by medicine; but without any treatment, if 42 out of 43 had not survived, the great majority would have recovered. The natures of diseases are the best physicians (*Νουσων φυσιες ιητροι*): wherefore HIPPOCRATES scrupulously observed their natural evolution, all the changes, and the increased excretions, which accompanied their progress to health; and where *untoward accidents* occurred, and threatened the extinction of life, he opposed them, by endeavouring to induce the natural crises,—to bring cases, precipitated by something into a fatal route, back to the *natural* course of those ending in recovery.

The Hippocratic doctrines of diet present a philosophical outline of that department of hygeine. A writer on the diet of man, it is observed, should be acquainted with the nature of the whole body, its organs, and the subordination of its powers; should be acquainted with the qualities of all food and drink in the natural and in the prepared states; should know the way to dilute strong things, and to make the weak stronger, by art, as occasion may arise. Nor is this enough; for a man cannot be healthy unless he works as well as eats. Food and labour are opposite forces, which, when in accord one with the other, constitute health; for health is perfect when the elements of the body exist in due quantity, power, and composition (*crasis*). Labour consumes the principles supplied by food; therefore it behoves us to determine the force of labour, both natural and violent,—such as gives, and such as takes away flesh; also the relation of labour to the quantity of food, to the constitution of men, to the size and age of the body; to the seasons, the winds, the site of the country in which they live; to the prevalent type and to all the causes of disease. He who could discover an exact measure of the relation between labour and food, would detect the secret of human health. But this is impossible; they cannot be made symmetrical; yet, as when one is a little defective, the other force runs into excess, there are means of detecting the excess of either, before the slowly-accumulating disease bursts into a flame.

In the application of hygeine it is of the utmost importance to be able to distinguish the first aberrations from health: these are luminously treated, probably from observation in the gymnasia. The first signs of *disease from repletion* are, 1. A stuffing in the nose after dinner, with a secretion of mucus and saliva on the following morning; heaviness of the eyes, paleness, and loss of appetite. 2. Long and agreeable sleep, sleep in the day, followed subsequently by troubled dreams. 3. Lassitude; pains of the whole body, or of parts of the body. Heaviness and headache; the eyelids dropping after dinner, and convulsed in sleep; heat, and sometimes costiveness. 5. Flatulence, voiding the aliment soon after eating, which seems to yield relief, but is soon followed by heat, and diarrhœa, or dysentery. 6. Crude, but not acid eructations; scanty stools compared with the food, yet really copious, with no internal pain. 7. Pallor and acid eructations shortly after eating. 8. Acid eructations on the following day. 9. Profuse perspiration in the first sleep, suffocation, heat, vomiting. 10. Liquid stools, without pain; wasting. 11. The food passing away undigested, but not putrid; wasting. 12. Watery putrid stools, without other inconvenience. 13. A dry, and in process of time, a bitter mouth, confined bowels, hard dry stools, ending in stercoraceous vomiting. — *Exercise is excessive* where headaches and shivering come on after the morning walks. Some shiver in the gymnasium, from the time they strip till they begin their exercise, and on cooling, their teeth chatter; they are sleepy, and when awoke they feel giddy; their eyes are heavy; malignant fever supervenes. Labour has exceeded food.

The regulations respecting seasons hold still in Greece, and require little modification in England. In WINTER eat once a day; lunch very moderately. The food should be dry, rich, heating. Do not go through a gymnastic training in winter; the trees which have not wintered bear no fruit, nor are they healthy. Warm the body with labour, to promote perspiration. Day is short, night long, and this teaches us that labour should be neither long nor excessive. —SPRING. When Arcturus arises, when the south winds blow, and the swallow comes, food, drink, and labour, should be more varied, milder, and lighter. As about the equinox (March) the days are lengthened, the nights shortened, the season is warm and dry, diet should be nutritious and rich. The trees, devoid of reason, provide themselves in this season with increase and shadow, against summer; so should rational man prepare a healthy accession of flesh. In SUMMER the food should be softer and more sparing; drinks mild and diluted; luncheon moderate, and the siesta brief; excess in meat or drinks as slight as possible. Sexual intercourse should not be indulged. Tepid bathing may be used. Avoid the sun, and

the cold morning and evening vapours, exhaling from rivers, lakes, and snows. At the summer solstice take no dry, hot, rich things. AUTUMN—From the equinox (September) guard against extremes of heat and cold by thick clothing; walk out on warm days; use tepid ablutions; warm and dry food.

Many of the aphorisms are useful general guides in diet, such as, "Beware of sudden changes in living:" "The hungry should not work:" "Those who feed fast and suddenly, may be suddenly reduced:" "Those who waste slowly, are restored slowly:" "The more that unsound bodies are fed, the more they are injured:" "There is more danger in living on a weak and strict, than on a rather full, diet:" "A high state of gymnastic training is dangerous."

The atmospheric origin of some diseases was recognised by HIPPOCRATES: the *nature of man cannot always resist the power of the universe*; and certain conditions, constitutions, and climates, impress a peculiar form, not only on disease, but on the entire organization and character of the human family. These are treated of in the book of "Winds, Waters, and Places," presenting a physiological view of the principal races of men observed by him in Asia and Europe, developing their innate energies, such as they were fashioned by the earth, and subject to the diseases induced by the external elements. This book is a perfect model of physiological delineation. PHIDIAS, or ZEUXIS, never sculptured the human figure more divinely, or painted with more expression, than HIPPOCRATES has here traced the Asiatic and European character.

The influence of the earth on its human inhabitants, is expressed somehow in this manner:—You will almost always find the forms of men and the nature of a place, corresponding; for where the soil is rich, and soft, and wet, and of uniform temperature, the people are gross, lymphatic, of relaxed joints, intolerant of toil, and cowards; indolent and sleepy; they are neither keen nor subtle, but dull in the arts. On the contrary, where a region is bare, rough, unsheltered by nature, oppressed by the cold of winter, and burnt by the summer's sun, the men will be found spare, robust, of well-expressed form, vigorous, and swarthy; they will be capable of toil, and wakeful; their manners will be pertinacious and contumacious; they will be easily roused to anger; fiercer than mild; exceedingly acute and dexterous in the arts; expert in war. For whatever *springs from the earth, savours and participates of its nature.*

To great changes in the weather, and sudden irregular successions of heat and cold, moisture and dryness, HIPPOCRATES attributed great power; he considered them the most common causes of disease, and often states that slow alterations of habit, diet, and temperature, are alone perfectly safe. In the mild, equable climate of Asia, every thing grew in greater size and beauty than in Greece; human manners were more benign and refined; at the same time the inhabitants were rendered timid, effeminate, indolent, and unwarlike. The atmosphere around them lay tranquil, and was insensibly changed; hence the soul was never shaken, the body never tossed about, and tried by changeful vicissitude, which probably exasperates passion, and excites heat, and intellect more than repose. For changes always rouse the mind of man, and permit it not to rest.

When the organization is thrown into motion by the external forces of nature, and then suddenly abandoned to its own resources, an effort of *self-action* is made, which gives and concentrates independent power; and thus Nature bears her children, as on eagles' wings, into the higher regions of exertion, and educates them till they can triumph over their element, and ride upon its storms. Excitement of the mind, and of animal heat, which have many analogies with each other, is equally favoured by changes of temperature. We may conceive that in a cold atmosphere a great supply of internal heat is demanded, and when the atmosphere becomes warm, the supply will be superabundant; and this principle of reaction not only applies to calorification, but to the muscular, the nervous, and all other organic functions. In the political changes, the stormy years, of the Peloponnesian war, Greece produced many of its immortal works. Man is ever seeking an equilibrium, but that is repose and death. When the equilibrium is most disturbed, he is most active. Variations in the intensity of external agents serve not only to augment the sum of power, but they temper the body, and fit it to live through a greater range of circumstances; they improve its means of *self-adjustment*—a point which requires deep consideration in education. Medical men, when consulted relative to the regimen of children, and even of adults, are too apt to recommend exclusively warmth, regular diet, and exercise, proscribing all extremes. This may prevent tender children now and then from taking cold, but, on the whole, more is lost than gained by it. Let us never forget that all men are often hurried from one extreme to another by necessity, and that this sort of oscillation preserves or accumulates vital force.

There is a limit to the utility of change. It may be excessive. HIPPOCRATES was speaking of the climate of Asia Minor and Western Asia compared with Greece, crowned indeed with snow-covered mountains, but situate in a latitude where the general range of changes only extended from the temperature at which corn would grow to that at which the grape, or orange, or olive, would

ripen. In countries not known to the Greeks, in Pekin and Petersburgh, excessive change is little more favourable to life than the uniformity of the habitable parts of the frigid zone or the tropics.

One general principle limits another; the climate may be good, but the government may be bad; or the race may be feeble. So HIPPOCRATES further attributes the unenergetic character of the Asiatics to their laws. The greater part of Asia is, he says, governed by (despotic) kings; and where men are despotized, are not in their own power, and do not live under their own laws, they are not very curious in preparing for war; nay, they rather take care to appear unwarlike; for, to them the chances are unequal. They are driven to fight, to toil, to seek death, for their lord, while their children, wives, and friends, are left behind; nay, if they bear themselves valiantly, and are successful in battle, the advantages accrue to their lord, and augment his resources, while to them nothing is meted but dangers and death. Their lands, too, are liable to devastation, or to be made desert by the enemy and by the cessation of labour, so that brave men are prevented by the laws from exercising their courage. The influence of government is further proved by this: wherever the Greeks, or barbarians in Asia, live under their own laws, fight for themselves, and reap the fruit of their own labours, they are neither cowardly nor indolent. It may be added that experience has since shown that they for a time could become both, in the stirring atmosphere of Greece, under a despot. Thus has our great author laid bare the very nerve and withering arm of despotism. Independence enlarges, and gives energy to, all the faculties; it is the vital breath of the mind; it gives health to a nation; and we shall have occasion to show that life is not only less valuable, but, on the whole, shorter in Austria and other countries, where paternal governments enforce hygeinic laws, but deprive their subjects of liberty, not allowing them to bring up children *for themselves*, than in England, where the government has attempted so little towards raising the population to its present pitch of vitality by direct enactments.

In fine, all modifying agents act less on the individuals existing than on those forming, and Europeans differ from each other more in size, form, and faculties, than the Asiatics, because—"Plures corruptiones contingunt in seminis coactione quum tempora frequenter variant, quum si eadem sunt et similia."

HIPPOCRATES has described all the forms of sickness, and the signification of every sign, with an unapproachable exactness. He would have estimated the pathological discoveries of BAILLIE, MECKEL, LAENNEC, LOUIS, and CARSWELL, at their real value, but the day for them was not then come. Bleeding, and strong purgatives, and other active remedies, he did not spare to employ, as occasion required, but HIPPOCRATES never forgot that drugs were subordinate agents in the preservation and restoration of health. He looked to climate, diet, and exercise, as causes for the prevention and cure of disease; and only considered drugs as useful auxiliaries. His practice in fevers has been called inert. What would calomel, and leeches, and bleeding, have done? The experiment has been tried in the Mediterranean. HENNEN says that the *proportion of deaths among the Russian, French, and English troops in the Ionian islands was nearly the same, although the English met the fevers of the country with mercury and the lancet "in all the activity and all the orthodoxy of the schools."* When the French army, 14,000 strong, was in the Morea, 1000 men were lost chiefly by fever in the course of nine months; *gastro-enterite* was recognised,—leeches were there—but the patients died exhausted after their use, as the troops were exposed to miasmata. Where the hygeine of an army is judiciously regulated, the soldier may be kept in health and vigour; but allow an ignorant general to encamp on a marsh, let filth stagnate, fatigue excessively the men, crowd them in low damp rooms, and, despite drugs, they will fall as unripe and blasted fruit, not by the sword but by the fever. The French and English troops at home,—not trained to the field from childhood as the Spartans were,—are very skilfully and efficiently supplied with drugs, yet their mortality in peace is much greater than that of people generally of the same age, because they violate the laws of hygeine.

Now, an army is only a part of the community; and the same facts hold of the inhabitants of a city or a small village. A medical man always saves many lives and much time in sickness; but in a neighbourhood, or in families where he can command all the resources of hygeine, his practice must be much more successful among adults, and rescue twice as many children from inevitable death, as a mere druggist who prescribes most adroitly. Officers of dispensaries and hospitals will bear this out. "But," some may say or think, "we live by drugs; the present public will pay nothing for our sanatory precepts; they know more of large green, purple, and red glass globes, than of the physiology of health; they think more of Morison's murdering pills, or St. John Long's caustic liniments, than of minute precepts about the air and food by which they live and breathe. Besides, why study hygeine, when, by promoting the general health, it would diminish the number of patients?" Gentlemen, I know that you—I know that our generous profession—will not, for a moment, harbour sentiments

base. We exist, as a body, to promote the public health, and if the persistence of our craft is at variance with the public good, in the name of God let it be abolished,—let us betake ourselves to something else. Happily our interests are the interests of the community: in proportion to the health and strength and knowledge of England, it has flourished, and will flourish, and in its prosperity or reverses we shall participate. In patriotism, also, HIPPOCRATES was our pattern. He pointed out the sources of health and improvement to mankind. He remained to the last, true to the fortunes of the small island on which he was born; he refused to go to the court of Persia, because he preferred serving Greece, and his disinterested exertions during pestilence obtained for him a place in the Prytaneum of Athens.

HOPITAL DES ENFANS MALADES, PARIS.

RESEARCHES INTO THE DISEASES OF CHILDREN,

CONDUCTED ON THE

KNOWN PRINCIPLES OF ANATOMY AND PATHOLOGY.

TUBERCULAR MENINGITIS.*

Child ten years old; symptoms of tubercular peritonitis; headache, returning with irregular accesses and sometimes accompanied by bilious vomiting; dulness; morosity; after three months, constant headache, bilious vomiting; numbness of the limbs, delirium, coma, general convulsions; death at the end of seven days; tubercles found in the meninges, lungs, bronchial glands, and peritoneum.

CASE 3.—Clemence Fournier, an orphan, ten years of age, was attacked at the age of seven with confluent small-pox, of which she still carries the marks; for the last three months she has complained of pains in the head and abdomen. Admitted into the hospital on the 14th June, 1835. She did not present anything more than the symptoms of tubercular peritonitis, and some uncertain signs of pulmonary consumption; up to the end of June we did not observe any notable change in her condition, beyond a sadness and depression of spirits that seemed quite disproportionate to the patient's sufferings, and two or three attacks of headache, without any other trouble of the cerebral functions. During the last few days of the month the moral and physical depression became more and more severe, with intense headache, and slowness of the pulse. *Leeches behind the ears.*

July 5. The headache has disappeared, but the patient is dull; she keeps the eyelids constantly closed; when roused from the sleepy state in which she lies, she answers correctly; no convulsion or paralysis of the limbs, but the muscular force is excessively depressed; pulse irregular, 96; the diarrhœa which existed for several days has given place to obstinate constipation. In the evening, return of the headache, which the patient describes as having its seat in both temples.

6. During the night and the morning, violent delirium and agitation, rendering it necessary to employ the strait-waistcoat; at the visit, however, she answers all questions addressed to her, and puts out the tongue when required: she complains much of headache and feebleness of sight in the left eye, whose cornea is perfectly transparent, and the pupil neither contracted nor dilated. On the other hand, the surface of the right eye is bathed in a puriform liquid. The sensibility of the skin is obtuse at both sides of the body, and the muscular force greatly diminished; the patient is unable to grasp an object firmly in either hand; the head is thrown backwards, and she utters an acute cry whenever we attempt to bring it to the natural position; there is no evidence of pain occupying the dorsal or lumbar regions; the patient can sit upright without difficulty: the pulse is moderately strong, 96, as yesterday; the diarrhœa has now returned, and evacuations are sometimes involuntary. During the day, low delirium; the child is unable to recognise her relations.

7. Coma; she does not answer when spoken to; the eyelids are closed; the pupils largely dilated; the limbs are in a state of resolution, and when lifted up are seized with a trembling motion; the muscles of the neck, on the contrary, present a tetanic degree of rigidity, and render the head quite immoveable; pulse 100; no stool; urine excreted involuntarily. Six leeches, three to the right temple, and three behind the right ear; a blister to each leg.

At three o'clock p.m. the patient was seized with general convulsions, which persisted for about an hour, and then terminated in death.

Body examined thirty-eight hours after Death.—Temperature of the Atmosphere, 20° R. (77° Fahrenheit).

External Habit.— Body lean; cadaveric rigidity very well marked; abdominal parietes of a greenish colour.

Cranium and Vertebral Canal.—The brain and spinal marrow had been removed from their cavities with their membranes, and left on the table of the dead-room for at least six hours before their examination by M. Jadelot in presence of the pupils. The dura mater does not present any-thing remarkable. The arachnoid at its free sur-

* Continued from LANCET, No. 645, page 575.

face is moist, and conserves its normal transparency; the pia mater is infiltrated with a great quantity of serosity. In its tissue we remark a great number of tubercular granulations, offering the same physical characters as in the cases already reported. On the anterior part of both hemispheres, to the extent of about a square inch on the right side, and half an inch on the left side, the pia mater is infiltrated with a yellowish substance having the consistence of chalk. This substance penetrates with the membrane into some of the anfractuosities, and here it is impossible to separate the pia mater, especially on the right side, without removing with it a portion of the cerebral pulp. Between two convolutions of the convexity, we find a tubercle, not larger than a good-sized pea; the cerebral mass is almost reduced to the consistence of jelly; but as this softening is not accompanied by any change of colour, and is general, it probably depends on putrefaction. The spinal marrow is equally softened. It does not contain any trace of tubercles.

Thorax.—Both lungs contain a great number of miliary tubercles; the bronchial glands are tumefied, and transformed into tubercular masses.

Abdomen.—The epiploon, thickened and studded with tubercles, adheres to the anterior wall of the abdomen, and to the convolutions of the intestinal tube, which are also united by false membranes that contain small white tubercular deposits. The sub-peritoneal cellular tissue of the intestines, the mesentery, the liver and the spleen, —all these parts contain numerous tubercles. The interior of the intestinal canal was not examined.

TUBERCULAR MENINGITIS TERMINATING IN ACUTE HYDROCEPHALUS.

Child eight years old; antecedent measles; depression of spirits, and dulness; headache and fever, returning by irregular accesses during three months; the symptoms of acute hydrocephalus; death; granulations in the pia mater; effusion of turbid serum into the lateral ventricles; softening of the white central parts; pulmonary tubercles.

Case 4.—A young girl, eight years of age, habitually of good health, of lymphatic temperament, contracted the measles near the end of April. During the three months following the disappearance of this exanthema, which was very irregular in its march, the patient frequently complained of pain in the head; she became sad, dull, and was attacked from time to time by accesses of irregular fever. Towards the middle of July, the headache and fever became constant, with pain in the abdomen and constipation; a few leeches were applied to the anus, and mustard poultices to the extremities. The symptoms were dissipated by these remedies, and the child seemed to have recovered her original gayety and health. On the 4th of August, however, without any known cause, she was seized with vomiting, followed by intense headache, fever, and delirium; in the night of the 5th, she sank into a state of deep stupor; on the following morning, being transported to the hospital, she presented the following symptoms:—

Dorsal decubitus: alternation of paleness and redness of the face; complete loss of consciousness; the coma is from time to time interrupted by low cries; the globes of the eye are constantly agitated by convulsive movements; the pupils dilated and immoveable; the faculty of vision completely destroyed; there is trismus, grinding of the teeth at intervals; foamy saliva, tinged with blood, issues from the mouth. The superior and inferior members are slightly rigid; the sensibility obtuse at the right and left sides of the body, equally; no nausea or vomiting since yesterday; the child passed two or three involuntary stools during the night, after the administration of a purgative; the abdomen is retracted and indolent; the skin is dry, flaccid, and rough on the limbs; the heat moderate; pulse small and irregular, 132; the respiration accelerated, 52 in the minute, and often accompanied by dilatation of the nostrils. The chest gives a normal sound under both clavicles: on auscultating the patient we hear nothing but some mucous râle. *Twelve grains of Calomel, in four doses; a large blister to the head, and sinapisms to the lower extremities.*

At two o'clock p.m. the cries had entirely ceased; the face is now pale, and covered with a cold sweat; the trismus is very violent; the eyeballs immoveable, and directed outwards; the sensibility and motility present the same disorders as before mentioned. The stools are involuntary; pulse 130. In the evening the coma gradually became more deep, and the child died at one o'clock after midnight.

Body examined fifteen hours after death.

External habit.—Body thin; a few phlyctenæ on the scalp, produced by the blister; no rigidity of the body.

Skull.—The cranium is well formed: its parietes are rather thinned than developed; the dura mater is in its normal state; the longitudinal sinus encloses a dark coagulum of blood; the great cavity of the arachnoid membrane contains about an ounce of serum; under the layer of this membrane that covers the cerebral hemispheres, we observe a multitude of points of a yellowwhitish colour, some isolated, others confluent, and forming by their union small irregular plates, following the vascular trunks. On passing the pulp of the index finger along the surface of the arachnoid, we feel a slight resistance at the points corresponding with these little masses. On detaching the arachnoid and pia mater from

the brain, we can distinguish clearly these granulations, situate in this last membrane, and presenting a cartilaginous degree of consistency. They are more numerous at the right side than at the left, both on the convexity of the hemispheres and at the base; and are particularly confluent at the fissure of Sylvius on the right side. They are manifestly distinct, both in colour, form, and seat, from the glands of Pacchioni. A gelatino-albuminous substance exists at the base of the brain, near the decussation of the optic nerves: the lateral ventricles are distended by three or four ounces of turbid serum; the posterior cornu on the left side, and the pes hippocampi on the right side, present a ramollissement of a creamy appearance; the cortical substance of the hemispheres is slightly coloured, and the white substance pretty well injected; the cerebellum and pons varolii are healthy. The spinal marrow was not examined.

Neck and Chest.—The cervical ganglia, epiglottis, larynx, and trachea, do not present any alteration; the bronchial glands are transformed into tubercular masses; the serous membrane of the thorax is not adherent at any point between the lungs and thoracic wall; the right lung is studded with tubercles; some, like gray demitransparent granulations, others presenting a dull point in their centre; others, finally, of a yellowish white colour. We do not observe any cavity; the pulmonary parenchyma appears healthy in the intervals of the tubercles; the left lung also contains a great number of miliary tubercles, most of which lie immediately below the pleura. The pericardium, heart, and thoracic duct, are healthy.

Abdomen.—Small tubercles are disseminated throughout the peritoneal lining of the intestines, the liver, and the spleen; the parenchyma of this latter viscus is studded with them like the lungs. The pancreas and kidneys are free from all alteration. The mesenteric ganglia are not developed; only two or three are changed into tubercular matter. The gastro-intestinal mucous membrane is healthy.

In the first of the two cases just reported, the chronic stage, which so frequently characterizes tubercular meningitis, and its passage from the chronic to the acute form, are well marked. If we look to the cause under which scrofulous inflammation of the cerebral membranes was developed in the present case, we find nothing to which we can attribute it but the antecedent small-pox, though it is very doubtful how far this disease may influence the deposit of tubercular matter in any organ. The symptoms of the chronic stage, which lasted three months at least (and perhaps longer), were merely headache, and that depression of the spirits and moral character which so often attends and points out the commencement of cerebral disease in children. In the present case, however, the diagnosis must have been difficult, for the child suffered at the same time under chronic inflammation of a similar nature in the abdominal cavity; hence the frequent pain in the abdomen, diarrhœa, &c, to which the headache and torpidity might reasonably have been referred, and to which they would certainly have been attributed by M. Broussais and his followers. The symptoms of chronic meningitis continued for a fortnight after the child's entrance into the hospital, when those of the acute stage suddenly declared themselves. What were they? Bilious vomiting, exasperation of the headache, falling of the pulse, and constipation. we insist strongly on these symptoms. Although, taken separately (abstraction made of the headache), they seem to have no connection with cerebral disease, yet, when united in the same subject, they are a certain index of inflammation of the meninges or the brain in cases where some prodrome has existed, as in the present case; and even when no premonitory phenomena has been observed, they afford the strongest presumption of the existence of meningitis. We have not yet had time to make an analysis of the cases we possess of meningo-cephalitis, in order to determine the value of bilious vomiting as a symptom of the development of this disease; but we can affirm that it exists in a vast majority of cases, and is a most valuable sign. In the case we now speak of, it may be said, "The vomiting took place in a child affected with peritonitis, and was, therefore, of no value as a symptom of cerebral disease; inflammations of the abdominal cavity frequently produce vomiting in children, and may have been the cause in the case of Clemence Fournier." This reasoning is specious; we have often heard it employed, but its refutation does not require any great effort. The vomiting, if it existed alone, would certainly rather indicate abdominal disease than inflammation of the brain, but it must be considered in connection with other symptoms. Why did the pulse, at the same time, fall in frequency, and the diarrhœa give way to obstinate constipation, if the vomiting depended on an increase of the abdominal inflammation? It is impossible to connect these latter symp-

toms with peritonitis; they are, on the contrary, well-known phenomena of meningitis, and show that the vomiting must here, as in a vast number of other cases, be attributed to sympathy with the brain. It is unnecessary to follow this case through the other symptoms; the only one we would remark is the violent delirium with which the child was attacked on the night of the 6th. It is strange enough, but certainly true, that inflammation of the cerebral membranes seldom gives rise to severe delirium in children, and in a great many cases the intellectual faculties remain undisturbed during the whole course of the disease; in the present case the delirium was not attended with any febrile access; the skin was cool, and the pulse only 96.

The second case presents several traits of resemblance with the former one; here also we find a prodrome extending from the month of April to August (three months), and consisting in headache, with irregular accesses of fever. The passage from the chronic to the acute stage was also marked in the same manner, by bilious vomiting and exasperation of the headache. As to the other two symptoms, constipation and slowness of the pulse, it was impossible to determine whether they existed or not, as the child was not brought to the hospital until forty-eight hours after the acute attack, when she was in a state of coma. The other symptoms followed each other in rapid succession, without presenting anything worthy of notice; on the 6th the pulse mounted to 132. We merely mention this, because some systematic writers describe the last state of acute hydrocephalus as characterized by slow pulse; this is certainly an error. In a great majority of cases the pulse rises, towards the end of this disease, to 120, 130, 140, or even 150; it is always above 100; we would also direct attention to the absence of contraction of the limbs, although the fornix, and a portion of the lateral ventricles, were remarkably softened. Meningo-cephalitis rarely is fatal in so short a time as in the case now under consideration. The disease commenced on the 4th, and the child died in a state of coma at midnight on the 6th. In most cases the disease lasts from seven, eight, or ten, to twenty-one days. M. Guersent tells us that he has only observed a single case where it exceeded thirty days.

P. H. Green.

ON

FRACTURES OF THE PATELLA,

WITH PROPOSALS FOR A

NEW PLAN OF TREATMENT.

To the Editor of The Lancet.

Sir,—I send the subjoined observations for insertion in your journal, if the proposal by which they are accompanied be worthy of attention.

Fractures of the patella must be considered as rather serious accidents, when we reflect on the rarity of their osseous union. From the retraction of the upper fragment of the bone, in transverse fractures, by the powerful muscles connected with it, and from the difficulty of keeping the broken surfaces in steady apposition by the ordinary means employed, the union is generally by ligament. The length of the uniting medium varies from half an inch to three or four inches, but, if it be more than half an inch, the patient can never walk securely.

Although such fractures are generally united by ligaments, yet the possibility of osseous union is now placed beyond doubt, by the number of instances recorded, and, it is owing to the inadequate means of treatment that osseous union is not more frequently effected. It is highly probable that, if we could scrupulously fulfil the indications of cure by proper modes of treatment, there is no fracture which, in ordinary circumstances, would not unite by bone, not excepting even fractures of the neck of the femur within the capsule. Deficient vascularity, I suspect, is not the true *rationale* of non-union in such cases. There are still some who seem to think that the organization of the patella is different from that of all the other parts of the osseous system, and that therefore, when broken, it must unite as regularly by ligament, as do the other bones by bony matter. It would be somewhat strange were the result of their practice in any one case to belie their theory.

Sir C. Bell is of opinion that the cause of the fracture exercises a material influence on its union. "In the common case," he says, "of fracture of the patella by the sudden action of the quadriceps extensor, the pieces are separated without that degree of violence which is necessary to produce reunion by bone. But, when the patella is broken by a blow or a kick, there is not only less retraction, but the injury, the bloody effusion, the tumefaction, and the rigidity of the parts, resemble that which attends the fracture of any other bone, and the fragments unite by bone." If he had merely said that, in fractures from direct violence, there is less retraction than in those

from muscular contraction, and that the former more frequently unite by bone than the latter, he would have been more correct. It is not from the greater violence which the bone sustains in fractures from blows, but from the capsule to which it is attached being less torn than when the fractures result from muscular contraction, that it more frequently unites by bone.

The chief points to be attended to in the treatment of fractures of the patella, as in all other fractures, are, 1st, To keep the fractured surfaces in apposition, and, 2ndly, To prevent motion between them. The means generally employed, I am inclined to think, are not adequate to fulfil these indications. The great objection that may be urged against them is, the undue degree of pressure which they exercise, either on the whole circumference of the limb, in the vicinity of the fracture, and thereby impeding the circulation below, or, by being confined to a point endangering the supervention of sloughing. The latter circumstance is a strong objection to Mr. Mogridge's ingeniously contrived apparatus. Mr. Mogridge, however, by this apparatus, obviated an objection which applies to all the other plans of treatment, viz., the circular compression, and consequent obstruction to the circulation in the limb.

In Sir Astley Cooper's plan (which is the one now generally employed), a belt is buckled round the thigh, immediately above the patella, and from each side of it a narrow strap passes down over the sole of the foot; but when this apparatus is put on lightly, which it must be when there is much retraction, it causes great swelling of the limb, and much uneasiness to the patient. Mr. Amesbury has improved on this plan, but his apparatus is so complex and expensive, as to preclude its use in the ordinary cases occurring in private practice.

The plan which I now propose is both simple and easily applied. It consists of a wooden splint, reaching about seven inches above and below the knee-joint, and from four to five inches in breadth. To the lower part of it is attached, transversely, a narrow piece of wood, extending about two inches beyond either side of it, giving it the appearance of a cross. This transverse piece should be so placed, that its upper edge, when the splint is applied, will be opposite the spine or tubercle of the tibia. The limb being bandaged from the toes up to the middle of the thigh, the splint, padded with tow or cotton, is applied posteriorly, and fixed by several turns of a roller. The fractured surfaces are then approximated, and another bandage, two inches broad, is passed two or three times round the thigh, above knee, and then carried obliquely above the upper fragment of the patella, and downwards, underneath one of the transverse processes of the splint. It is then brought round it, and carried upwards in the same direction, and made to turn round the thigh, at the point from which it started. The above manipulation is performed round the other transverse process, and repeated on each side successively, until the bandage, which ought to be several yards long, is expended. The position of the limb and trunk is then attended to, as in the other modes of treatment.

In applying the splint, we must take care (as already stated) to have the upper edge of the transverse piece of it placed opposite the spine of the tibia; otherwise the bandage which is last applied, is apt to slip over the patella. If we attend to this point, however, we can produce considerable traction downwards, and keep the fractured surfaces approximated, without danger of the bandage slipping, and with very little uneasiness to the patient.

I have had but one opportunity, as yet, of trying this method; but, from its success in that case, I feel warranted in recommending it to the notice of the profession.

I am, Sir, your obedient servant,

K.

London, February 1, 1836.

APPLICATIONS AND EXAMINATIONS FOR

A MEDICAL DEGREE,

AT EDINBURGH, ST. ANDREW'S, AND GLASGOW.

To the Editor of THE LANCET.

SIR,—I am induced, more particularly by the statements in your last two numbers relative to the conduct of the Examiners of Apothecaries' Hall on a late occasion, to enter into the following personal details, for which, however, an apology to the public may be necessary.

Some years ago I offered myself as a candidate for the "Summi in Medicinâ Honores," as their dispensers call them, of the University of Edinburgh. *Before* any examination was begun, it was objected that my Paris certificate was insufficient for its object, viz. to count as *one* year out of the four required for the course of study. Now as the certificates, if I remember rightly, are sent in some months (*certainly some weeks*) previous to the day of examination, it is the business of the professors to see that they are sufficient, or to return them, and acquaint the student or candidate with that fact. This, however, was not done in my case; but, I presume, considering the omission to be their own (for *I* was not aware that I had not studied long enough), the Examiners probably were desirous at least of *appearing* to "make up for it," and accordingly I was admitted to examination.

The examiners were, Professors Alison, Graham, Monro, Duncan jun., Home, and Hope; and if I may be allowed to express an opinion of their *merits*, I may state that I have placed them pretty nearly in the order in which they should stand. After about two hours' examination, and ten minutes' deliberation among themselves, Dr. Alison presented to me my certificates, stating that the Examiners were not satisfied with them, and, consequently, that he should either recommend me to study for another month or two, or (what would be better) come up for examination in the following year. As I had reason to believe that the shortness of time occupied in my studies, and the circumstance that I had shown some disrespect, though perfectly unintentional,* towards one or two of the examiners, operated in some degree in producing this decision, I resolved to appeal to another tribunal; and, accordingly, I was soon on my way to St. Andrew's,—St. Andrew's! not, as formerly, the mercenary St. Andrew's, but St. Andrew's the *reformed*,—the St. Andrew's which then professed to examine into the *moral* character of the candidates, and to require from him some knowledge of the Greek. Alas! "Dum *loquimur*, fugerit invida ætas,"—everything changes in this world; and so sudden a change from the basest kind of prostitution to consummate virtue, would lead us to believe that miracles have not ceased.

But respecting the reasons which influenced the Edinburgh professors in recommending to me a second examination, more remains to be said. Dr. Hope, as is customary, I believe, wrote to ask me if the thesis which I had sent in, was intended for publication. I replied, no, not in Latin, but in an extended English form. Dr. Hope, as well as Dr. Duncan, and, probably, all the professors, were aware that I had long been engaged in making some inquiries into the blood; and I have little doubt that the intention which I expressed not to publish the Latin, but to extend the thesis, and publish it in English, might be considered as presumptuous in a student who had not yet passed an examination.

While coinciding with Gibbon in the opinion that an author is generally the best judge of the merits and defects of his own work, I also consider that a man is generally the best judge of his own qualifications and conduct in the case in question. Why, then, is his opinion of himself or his book so seldom esteemed by the public? Not because he may judge incorrectly, but because he has not candour enough to acknowledge the defects. This may be the case with myself.

But did I answer all the questions put to me at the examination? Certainly not. Replies to some of them seemed as impossible as an answer to the question put to a student by the Society of Apothecaries,* viz., "How many *pro*toxides of mercury are there?" I answered, I think, nearly two-thirds of them, but to give my adversaries fair play, let me allow that I answered only one-half. But when it was found that I did not intend to publish my thesis in Latin, it was not even examined, as I have good reason to know. I had *written* this Latin document myself. It was merely *corrected* by a master previous to being placed in the hands of the professors. I naturally enough, therefore, depended greatly on this "for passing;" for the corrections being made not in sentences, but in individual words, I could pretty fairly consider myself in the light of its author, in language as well as in matter. It extended to fifty pages; but this labour went for nothing, though, as I subsequently found that the thesis *always* weighs as nought, I must not here censure the examiners. However, as it had not been twice written, and the corrections were occasionally visible, this circumstance also may have been considered disrespectful, though quite unintentional on my part.†

Knowing that I had studied the profession most attentively, both by reading and by practice, for many years, I did not go for *six months* (as the custom was) into a grinder's shop, to have my mind "filed," as Shakspeare calls it, to the usual shape. I contented myself with six lessons on the general plan of proceeding, and found those too many.

I went to *St. Andrew's* next, because rather more classical knowledge seemed to be required there, under their new regulations, than either at Edinburgh or Glasgow. Besides, no further attendance on lectures was necessary before admission to examination. *Lectures* on the theory of physic, and on speculative physiology, are not near so well calculated as reading and comparing different authors, to increase our knowledge of medicine. Where lectures are illustrated by experiments, the case is different.

Professor Briggs, after examining my

* Some of the questions of Drs Home and Monro were so extraordinary, that they caused a little levity on my part; and some of those of Duncan and Hope were so snappish, that they produced somewhat sharp retorts. Moreover, I had before thoughtlessly told Professor Turner that I should try Glasgow if I failed at Edinburgh. This was not very complimentary to his *intimate friend*, Dr. Alison, who probably, as well as all the Edinburgh Examiners, was informed of it.

* LANCET, Jan. 16th.

† I may add here that I only took out *one* ticket from each Examiner; but I believe most students take out two, though this may not have influenced them. Again, though in the Latin questions I was not perhaps so quick or perfect as I should have been, yet I gave the English of Latin put to me which I had never seen before, without hesitation. Many candidates have passed at Edinburgh with much less knowledge of Latin, and, as I think, with less knowledge of physic generally.

certificates, was, I think, at first inclined to admit me to examination. But when in reply to his inquiry, Why, since I had studied at Edinburgh, I did not graduate there? I answered, "that having been once rejected, I intended to graduate elsewhere," the case was altered. Observing (as I conceived) this alteration in his sentiments, I did not press the matter; but at once departed elsewhere.

At first sight this hesitation of the Professor may seem to be confirmatory of an alteration in the University, as regards pecuniary considerations, the expense of the diploma being £35. But he had to support the new character of the institution, and I beg therefore to express my regard for his conduct. If I had passed at St. Andrew's after being unsuccessful at Edinburgh, he might have been afraid that the public would have said that he had *sold* me the degree; particularly as *morality* had only just begun to exert an influence at St. Andrew's. It was of course necessary to its reputation, that at least the first few years of its new life should be passed in a state of watchfulness. But not even then do regenerated characters always recover station in the public mind. Poor St. Andrew's! I fear the £35 were wholly lost to thee in *any* shape. for *centuries* may elapse ere the blot upon thy name can be effaced.

I called upon Professor Jeffray at Glasgow, wishing to pass my examination there before the summer had expired, but *he* told me that I was then *too late*, as it was necessary to take out *two Professors' tickets* before I could be examined. *He*, too, asked me why I did not graduate at Edinburgh, so that this well-known anatomist, who was one of my examiners at Glasgow, indifferent to the opinion of the Edinburgh professors, dared to admit a student to examination, and to pass him, whom the latter had thought fit to reject, for I was successful at Glasgow, and without any "grinding." As my rejection at Edinburgh was known to Professor Jeffray, it was probably also known to Professor Thomson, the other examiner. I therefore consider the degree I hold the more creditable to me, since the previous rejection could not have operated with the Glasgow professors at all in my favour.

I then went to Edinburgh and finished my book, which was already partly printed, and advertised it in the *Scotsman*, as written by "H. Prater, M.D., of the University of Glasgow." Obliged as I am to the Glasgow professors for their degree, still on that book,*—which, notwithstanding its bad arrangement and inequalities, has been regarded as one of the most profound and original works on the subject since the time of Hunter,—do I rest my chief claim for consideration as a physician or a physiologist. The *Revue Médicale* of Paris has done me the honour to express, in their number for June last, a high opinion of its merits, and with all its defects, and these I hope another edition will allow me to correct, I cannot but cherish a belief that, sooner or later, it will come to be considered a standard work on the subject.

And now that medical reform is under discussion, I would beg to recommend to those who are in power, a court of appeal, in London, for students who may be dealt unjustly by at medical examinations. Think of the College of Physicians rejecting Armstrong and Mason Good! perhaps for some petty questions which those distinguished men would have lost time in honouring with a moment's attention. But public examinations, as THE LANCET has suggested, would be best and safest of all. Medicine is so vague a term, and some examiners are so fond of showing their powers of *cross*-examining, or their "extensive knowledge," (as was the late Dr. Duncan, particularly,) that when unchecked by public observation they may occasionally encroach even on the province of such an examination as would be given to apprentices by tea-dealers, or oilmen, or nursery gardeners, or God knows what other tradesmen, and call the examination one on "materia medica and the practice of physic!" In the classics and the exact sciences, there is no room for these excursions. It cannot be too often repeated that a check of some kind is required on medical examiners. What reason have we to consider such men as above the influence of personal prejudices, or sordid considerations?

I conclude by expressing my admiration of the noble stand which "the rejected candidate" has made against the "Pot-I-carriers." Perhaps his course was better than mine. I have the honour to be, Sir, your very obedient humble servant,

H. PRATER.

12, Dalby Terrace, Jan. 25, 1836.

* Prater on the Blood. Highley, Fleet Street.

WESTMINSTER MEDICAL SOCIETY.

Saturday, Feb. 6, 1836.

Mr. RICHARD QUAIN in the Chair.

DR. JOHNSON said he had this week seen a most interesting case, which at the same time had puzzled him more than any he had ever before seen. The subject of the case, who had led an active public life, was the only surviving sister of the late Mrs. Siddons, and was now in her 76th year. Two years ago, this lady consulted him (Dr. J.) for a very severe and obstinate pain at the back part of the head, which had existed for upwards of twenty years. She was then

a fine-looking active woman, full of spirits, and had invited the doctor to join a large dinner party, which his professional avocations prevented, and from that time until last Monday he had lost sight of her. Time and suffering had now wrought a great change in her person, which was reduced almost to the bulk of a skeleton. Her features were shrivelled, and indicative of great distress. Three months back a great difficulty of speaking came on, followed, in the course of a few weeks, by difficulty of swallowing, both functions gradually decreasing in power up to the last three months, when she became totally incapable of articulating and swallowing, and was, when he (Dr. J.) saw her for the first time during the present consultation, dying of inanition. The tongue presented a shrivelled condition, and was incapable of motion; in its centre were several small knotty prominences. Hunger and thirst, phenomena of considerable interest, were absent. Most of the other functions of the body were apparently healthy, the secretion from the kidneys and alimentary canal being necessarily scanty. The intellect was perfect, written answers being returned to inquiries, except to her attendant, who understood what she attempted to utter by the movements of the lips. He (Dr. J.) conceived that there was paralysis of the nerves which impart to the tongue the power of motion, and those which produce articulation, the eighth and ninth pair, these having their origin from that region of the head which had so long been the seat of suffering. The remedial means adopted at present had been first to support the system by nutritious liniments, adding to the first, fifteen drops of laudanum, which succeeded in producing some sleep. On the second day, two lavements were administered, and on the third (Wednesday) a small quantity of broth, with considerable difficulty, was passed down into the stomach, which produced, as that organ was greatly contracted, some uneasiness, from the distention that followed. This plan of treatment, since Monday, has been productive of some benefit, and to-day (Saturday) slight motion was perceptible in the tongue. The lady, although advanced in years, was anxious for life. Since the administration of the broth, a tenderness of the abdomen had supervened, which had been combated by sinapisms. An exceeding copious motion also had come away. Not a little curious to remark, after the first six or seven ounces of broth were passed down, a vomiting of pure bile succeeded, without its containing a single drop of the broth, showing the remarkable power of the system, when only functionally and not organically deranged, to retain completely that which was appropriate for the support of the body, while it rejected that which was offensive.

Dr. ADDISON related a case, not very much in point, and remarkable only, though not uncommon, for the following particulars:—A young woman, twenty-two years of age, was received into *Guy's Hospital*, a perfect skeleton, apparently labouring under irremediable organic disease of the abdomen, with an imperfect state of the uterine organs. A judicious administration and perseverance in the use of aperients, brought away, one after the other, stools much larger, collectively than it was imagined the contracted state of the whole alimentary canal would have allowed it to contain. Eventually her health was perfectly restored, and she grew fat, and became one of the sisters in the institution. She had lately had a relapse, attributable to her indulgence in the good things of this world, which are plentiful at Guy's.

HAHNEMANISM.

Dr. STEWART was now called on to furnish his paper on the operation of minute doses of medicine. After some judicious introductory remarks, the Doctor begged to be understood as condemning, without respect of persons, *in toto*, the blue pill plan, the Morison-pill plan, the bread-pill plan, and all other indiscriminate plans, which pretended to reduce to uniformity what was in its nature infinitely varied and complicated. A due variety of remedial measures, administered under the personal direction of medical men, was the distinguishing mark of rational practice. But even after allowing a choice of means, there have been very opposite ends proposed in their employment. The contra-stimulant and homœopathic systems stood remarkably contrasted, not only as to the doses of medicines, but also from there being in the former very little regard paid to the symptoms produced by the remedies, and in the latter the affectation of a great deal more attention than usual. Homœopathy comprehended not only the imitation of disease in the administration of remedies, but the diminution of the dose. With regard to this ingenious supplanting of disease, as recommended by Hahneman, he (Dr. S.) thought that there existed a delusion, the copy existing only in the mind's eye, while the reality was going on, uninfluenced by the phantom of physic which was to frighten it away. Looking at the liberal allowance of time which was made, often from a week to a month, between the doses, and calculating the comparative and relative agency of all the elements of a homœopathic case, he (Dr. S.) concluded that it was not the small dose of medicine, but rather the large dose of time, which worked the alleged cures. As to the principle of homœopathy, the plan of treating *similia similibus*, there was nothing in it that was new. Diarrhœa had

frequently been cured with purgatives, gonorrhœa with irritants, and sailors were even said to cure old gleets by contracting a fresh clap. With regard to the question, whether the doctrine taught by Hahneman was quackery or not, the answer was to be found in the reply to the inquiry, Is any part of the system concealed, or is it laid before the profession in a manly way, and open to inquiry and experiments? Medical societies afforded good tests of such questions. They served the purpose which Frederick of Prussia employed with the philosophers whom he invited to his court, saying that he knew how to squeeze the orange and throw away the pulp when he got them there. Medical societies were capital squeezers, though they did not always obtain much juice. (*Applause.*)

The drift of the paper was for the most part lost sight of in the speeches which followed, and as the subject is postponed for future discussion, we leave to another occasion further remarks. The evening passed off merrily, if not instructively. At least the cloud of silence which has hung over the Society for the last two nights was dissipated to-night.

ST. GEORGE'S HOSPITAL.

THE NEW CODE OF LAWS.

LAST year we devoted an occasional page to reports of meetings of the governors of this hospital, to form a new code of laws for its government, and did some good by exposing to public view the proceedings of the medical junto who had obtained sufficient interest among the subscribers to commit all kinds of corrupt and illiberal acts, in wielding the patronage and managing the affairs of the institution. The final committal of the new laws was, at a certain stage of their consideration, adjourned until January 1836, and that time having arrived, their discussion has been renewed, and we are now prepared to give an abstract of the fresh debates on their revision, and the results.

The adjourned Special Court met on Monday, January 11th. Mr. HOLLAND in the Chair. The first matter discussed worth mention was the motion Dr. WILSON intrusted to the care of Dr. CHAMBERS, for expunging those words from law 11, which declared that medical governors should not inspect the hospital "*for the purpose of obtaining medical and surgical instruction, under colour of such inspection.*" This law was originally intended by Sir B. Brodie's worthy party, to keep every medical visitor out of the hospital, unless he had paid *to the medical officers* an enormous fee—a subscription for the benefit *of the patients*, giving no privilege in the wards. This greedy and disgusting law was carried on the 2nd of June, 1835,* by a majority of 36 to 29, in a full meeting of governors. But the exposure which attended its adoption enabled shame to get the better of avarice, and at this adjourned meeting it was unanimously expunged, Dr. CHAMBERS on this occasion merely intimating to the *independent* majority of 36, that it was not now either his or Sir BENJAMIN'S wish to place such a law on the books. The result was of course very gratifying to the few governors who stood forward to advocate the enlightened side of medical polity. Practitioners may now visit the wards of the hospital, both for the purpose of scrutinizing the practice of the officers, and with the object of seeing such practice as its walls afford. Dr. WILSON, in his remarks on the subject, took the opportunity of exposing the majority who voted on the former occasion, and of pointing out the good effects of perseverance on the part of a minority, and Dr. WOOD took care to obtain an explicit *proviso* that [redacted] "access to the wards of the [redacted] proper times, on the introd[uction] Governor."

Attention was then called [redacted] for law 13, which related to t[he] of governors at the capric[ious] party,—or, as the excuse ra[n] *duct, in connection with the notorious public scandal, cal[culated] discredit upon the hospital.*"—[redacted] and mortar, we suppose, for [redacted] but themselves could bring dis[credit] on the patients or the medical [staff] cannot pretend to guess. Much [discussion] cussion ensued, and the "expulsion [clause] wise and provident measure—was carr[ied]. Mr. Fuller, the lawyer, in a business-like way, contended that the governors ought to submit to the adoption of this law, because *it was copied verbatim from the law-book of the Law Association.* Dr. WILSON could not see the justness of the precedent, and opposed it. For our parts, we think it would be as correct to order wigs and gowns all round for the medical officers, because the barristers wear them in the *law* wards at Westminster. Mr. HOWSHIP voted for the clause because Dr. Wilson opposed it. Mr. TRIMMER, in an able speech against it, asked Mr. Bagshaw, the lawyer, whether an action at law would not justly lie against the nine individuals who might "expel" a governor, and publish their libellous reasons for the proceeding. As Mr. Trimmer offered no fee for the opinion, the lawyer declined answering, and it was generally agreed that the laws of no other hospital contained a similar

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Mr. JAMES LANE moved as a law that, "*No governor or governors shall circulate any notice or statement bearing date from the hospital, relative to any election, or tending in any way to influence the votes of governors at any election, unless such notice or statement shall have been previously sanctioned by the* [illegible]*ard.*" He said that at a late elec- [illegible]'stant surgeon, six of the medi- [illegible]d a circular letter to the Go- [illegible] hospital, to the unjust [illegible]' the candidates, and he [illegible]inst the recurrence of [illegible]hich tended to deprive [illegible]forward to the offices [illegible]ard of their industry [illegible]tents, of a fair chance [illegible]

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Mr. ANCELL referred to the elections at the Western Dispensary in proof of the incorrectness of the statements of the last speaker. In that institution the medical officers made it their business to abstain from all interference in the elections, and he appealed to Sir B. Brodie, who is connected with that institution, to say whether the governors had failed in electing a qualified individual. Altogether, the jealousies and private interests of the medical officers wholly disqualified them from electing their coadjutors, who stood a chance of rejection, exactly in proportion to the independence of their character, at least at St. George's hospital.

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Attention was then called to a substitute for law 13, which related to the "expulsion" of governors at the caprice of the Brodie party,—or, as the excuse ran, *for any conduct, in connection with the hospital, or any notorious public scandal, calculated to bring discredit upon the hospital,*"—on the bricks and mortar, we suppose, for how anybody but themselves could bring discredit either on the patients or the medical officers, we cannot pretend to guess. Much angry discussion ensued, and the "expulsion" law—wise and provident measure—was carried. Mr. Fuller, the lawyer, in a business-like way, contended that the governors ought to submit to the adoption of this law, because *it was copied verbatim from the law-book of the Law Association.* Dr. Wilson could not see the justness of the precedent, and opposed it. For our parts, we think it would be as correct to order wigs and gowns all round for the medical officers, because the barrristers wear them in the *law* wards at Westminster. Mr. Howship voted for the clause because Dr. Wilson opposed it. Mr. Trimmer, in an able speech against it, asked Mr. Bagshaw, the lawyer, whether an action at law would not justly lie against the nine individuals who might "expel" a governor, and publish their libellous reasons for the proceeding. As Mr. Trimmer offered no fee for the opinion, the lawyer declined answering, and it was generally agreed that the laws of no other hospital contained a similar

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RODERICK MACLEOD acknowledged that the dating of the circular from "St. George's Hospital" was decidedly wrong, and attributed the circumstance to an "oversight."

Captain BAGNOLD observed that in respectable societies the office bearers scrupulously avoided any interference in the election of coadjutors; he wished as much delicacy was exhibited at St. George's. At present the successors of medical officers were only looked for in the pupils of particular persons, without regard to their capability. The circular in question was evidently an attempt to influence the governing body at the eleventh hour, when reply on the part of a candidate was impossible.

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laws, his brother the surgeon should never be an officer of the hospital. He (Mr. Lane) was anxious to have his vote recorded upon every occasion, for he never did vote factiously.

Mr. FULLER (the lawyer) opposed the motion, because no institution in the world afforded a precedent for it.

Dr. WILSON thought that publicity should be given to all the proceedings of the board.

A GOVERNOR (not usually an attendant) said he had heard so many arguments for the motion, and only one speech against it, (the world being too large to be searched for precedents, and arguments being wanting on the contra side,) that he should vote for the motion.

Mr. ELKINS replied, and adduced several precedents, among others, the meeting of the Middlesex magistrates, on Mr. Rotch's business, when the votes were recorded.

The motion, however, was negatived by a large majority.

Dr. WILSON next proposed that the physicians and surgeons "*should meet in committee*" at stated intervals, "*to consider all matters relating to their office, and report proceedings to the Weekly Board.*" He considered the enactment essential to the proper conducting of the hospital affairs. A year and a half ago the medical officers were deputed to report on a proper site &c. for the erection of baths in the hospital, yet no meetings to consider the matter had ever taken place. The museum, also, was, by the new laws, placed under the care of the medical officers. The questions pending as to the medical schools of the metropolis, rendered it also imperatively necessary for the medical officers to meet, from time to time, in committee, to protect their common interests. Desirous, too, as he was, of avoiding personal matters, he could not omit alluding to the indelicacy of issuing a prospectus, headed "St. George's Hospital," with his (Dr. W.'s) name attached to it, without consulting him, and in defiance of his written protest to the contrary.

Dr. SEYMOUR said he should oppose all such propositions. It would be attended with the greatest inconvenience to himself, and it was highly derogatory to the character of a high-minded physician to be compelled to adopt this specific course.

Mr. NUSSEY, one of the visiting apothecaries, considered the governors would have reason to be offended at such meetings.

Dr. CHAMBERS also opposed the law. At such meetings nothing but angry discussions could ensue. As matters now stood, disputes could be got rid of by a word, and if the governors enacted the clause, he must decline attending the Committee.

Mr. STONE was in favour of the law. Had it before been adopted, the whole of the dissensions, and their consequent evils, which he had now to deplore, would have been averted.

RODERICK MACLEOD opposed the law because it would afford opportunities for gentlemen to "have a fling at one another."

Mr. ANGELL considered the arguments against the law to be entirely personal, and such as the Court could not properly entertain. The Court had recognised the medical officers as a body, and delegated to them certain powers which it was incumbent on the Court to take care should be properly exercised. He regretted to hear some of the medical officers refusing to act with others because differences of opinion existed amongst them, and he thought the Court was in error in recognising dissensions in the medical staff, which it certainly would do in opposing the present law.

Dr. WILSON stated that, after what had fallen from his senior colleague (Dr. Chambers), he had not a doubt which way the matter would end. In answer to Mr. Nussey he replied, that meetings of the medical officers do take place,—meetings to call up the servants and to censure them,—without any reference to the weekly board of management. For instance; upon the recent election of a chaplain, the porter was called before the major section of medical officers, and *censured* because he was suspected of being *favourable to the candidate whom that section did not support!* It was for the purpose of regulating the meetings of the medical officers that he proposed this law, and, moreover, to ensure the first step towards conciliation in the management of the hospital affairs.

The law was rejected by a large majority, and the meeting adjourned to the 22nd.

Friday, Jan. 22*nd.*—Mr. HOLLAND in the chair.

Sir CULLING SMITH moved that "*In the absence of the two senior surgeons, their patients shall continue to be attended by the present senior assistant surgeon.*" In a mild, gentlemanly, and conciliatory address, the hon. Baronet besought the medical officers to return to the arrangement which subsisted prior to the election of a second assistant surgeon, and to remove the impression that it was intended to humiliate an officer who had served the hospital with zeal and ability for upwards of six years. The present arrangement, also, was detrimental to the best interests of the institution.

Mr. JAMES LANE entertained the same views, not doubting that the law would be in accordance with those of Sir B. BRODIE, who pledged his word to Mr. Walker that the election of a second assistant surgeon should not in any way prejudice him, or disturb the existing arrangements.

Sir B. BRODIE made a statement respecting his own conduct, in which he alluded to

some paragraphs in the newspapers as a justification of the proceedings of himself and his colleagues towards Mr. Walker. It was true that he had pledged his word of honour to the effect stated by Mr. Lane, and he should now be glad to have Mr. Walker's efficient services as his assistant, but his colleagues, without consulting him, had entered into a different arrangement. Sir Benjamin was twice called to order in his personal statement, but the chairman ruled that it formed a proper subject for discussion.

Mr. KEATE, Mr. BABINGTON, and Dr. SEYMOUR, followed, the latter saying that the present arrangement was so perfectly symmetrical that he should certainly oppose its disturbance.

Mr. CUTLER considered that the governors would be guilty of great injustice to him, if they deprived him of a privilege which he had enjoyed for twelve months.

Sir CULLING SMITH, in reply, observed that he had heard nothing which altered his view of the case. If it could really be shown that the *symmetry* of the arrangements would be destroyed, he should relinquish his proposal, but he had the authority of Sir B. Brodie himself that it would not. Bearing in mind that Sir Benjamin wished to have Mr. Walker's services, and that Mr. Walker was anxious to be Sir Benjamin's assistant, he could not conceive why the other surgeons should oppose an arrangement to which the parties most interested consented.

Sir Culling's motion was then put to the vote, and, of course, negatived.

Mr. JONES moved, "*That the income of the present apothecary should not be reduced beyond his average salary for the last ten years.*" Towards the conclusion Mr Jones remarked that on inquiring of a governor why Mr. Hutchins, the present apothecary, was alone made to suffer in his income, he received for a reply, not that he was an unworthy servant, for the contrary was acknowledged on all hands to be the case, but that he was "on the wrong side." Having no personal knowledge of Mr. H., but being acquainted with gentlemen on the *strong* side in that room, he had been afraid that this was the true cause; but Dr. Seymour had entirely disclaimed its correctness. He now, therefore, had no doubt that those who had the power to avert oppression would cordially support his motion.

Mr. Jones, however, was grievously in error. The usual minority alone supported his motion, which was of course negatived.

Our reporter then goes on to state that on the question of adjournment being put,

Dr. CHAMBERS rushed to the table, foaming and furious, and thus addressed the presiding officer:—Sir, I have a complaint to make of neglect of duty. I have been into the wards, Sir, and am told by a person on whose authority I can rely, that the patients have not been seen for a week past. Sir, my mind is perturbed, my spirits are oppressed, my feelings are assailed, and the business of the hospital is obstructed. The time of the medical officers is taken up in this Board-room by factious governors coming here to bring forward futile motions.

Dr. WILSON rose to order, but was overruled by the chairman.

Dr. CHAMBERS proceeded:—by Governors coming down here with factious motives, and bringing forward motions which they know cannot be carried,—when they know they will be beaten, two, three, four to one—four to one, and having no other desire than to take up the time of the medical officers in this Board-room, and causing the patients to be neglected. Having proceeded in the same strain for some time longer, actually livid in countenance, and foaming at the mouth, he turned from the table.

Mr. J. LANE.—Sir, as you have thought proper to rule that Dr. Chambers was perfectly in order in imputing factious motives to governors, I, as one of those who have given notices of motion, trust you will call on Dr. Chambers to state whether he alluded to me.

Dr. CHAMBERS.—Sir, I have no explanation to give.

Mr. LANE—Then, Sir, you had no right to make such accusations. (*Great uproar.*)

The CHAIRMAN said, as Dr. Chambers had made so grave a charge and had thus left it, of course he would retract the objectionable expressions.

Dr. CHAMBERS did so, saying that he meant nothing personal.

Mr. LANE then said, that the inconvenience arose solely from the medical officers having been allowed to occupy nearly the whole time of this meeting in criminations and recriminations. The charge of factious motives he wholly denied.

The CHAIRMAN here interfered and said he should not allow this matter to proceed any further, on which the meeting broke up in great confusion, and with many censures on the conduct of Dr. Chambers, and some on that of the chairman.

Monday, Jan. 25.

Prayers.—Mr. POWELL in the chair.

Mr. MORLEY wished to have some opinion as to the conduct of Dr. Chambers at the last meeting, but the chairman objected. Mr. M. then handed in a written paper on the subject, which was refused.

Mr. J. LANE moved the incorporation of two clauses of the Apothecary Laws. Feeling from what took place at the close of the last meeting that those governors who brought forward independent motions had not the protection of the chair, he had de-

termined on not attending this meeting, but on reflecting that the conduct of one individual ought not to control his proceedings as a governor, he resolved to be present, though, with regard to his motion, he had no expectation it would be decided on its merits alone, and therefore he withdrew it for the present.

The CHAIRMAN begged Mr. Lane to proceed.

Mr. LANE did so, though with every doubt of a fair discussion. He then explained his views on the subject, but we are compelled to say that some deficiency in the notes before us prevents the arguments on the question from being sufficiently clear for publication. The tendency of the arrangement opposed by Mr. Lane seemed, according to the report, to sanction the entrance of pupils to the assistant apothecary, whose interest it would then be to attend to his pupils rather than to the regular business of the hospital.

Mr. BAGSHAWE contended that the meeting had not power to concede what Mr. Lane desired.

Mr. BENSON (a barrister) differed from his learned friend, who he thought carried his special pleading and legal quibbling rather too far.

Captain Bagnold thought that the quibbling was not too paltry for the Old Bailey, but that they would be ashamed of it even at the pie poudre court at Bartholomew-fair.

After an hour and a half's speechifying it was decided that the meeting could amend the clauses opposed by Mr. Lane.

Mr. KEATE supported the views of Mr. LANE, and made a motion to that effect.

Mr. FULLER moved that the clauses do stand as they are, which was carried.

Dr. WILSON then withdrew his notice of motion. In consequence of the proceedings at the last meeting he could not consent to bring forward any motion, and he took that opportunity of informing the governors that *he* had seen all his patients three times during the last week.

Mr. BABINGTON took up Dr. Wilson's motion, and it was carried.

Captain BAGNOLD moved that when a patient was attended by the assistant surgeon, his name should be placed on the bed card, as well as that of the surgeon.

The surgeons objected; motion withdrawn.

Mr. J. LANE now felt convinced that he could not carry a motion that stood in his name, and he therefore withdrew it. All the others but one (which was passed) were also withdrawn, and the meetings terminated.

Our reporter adds,—"Upon the whole these reports exhibit an instructive lesson. They show how even a *public* institution may be rendered thoroughly subservient to the interests of a *party*. Such a result is not difficult of accomplishment in an establishment in which the government depends on the voices of individuals whose title to vote may be supplied from the purses of the party who profit by holding office in the institution." The *principles* on which laws for public hospitals should be founded, and which should alone be followed in the decision of questions of management, are wholly abandoned in the operation of such a system. Those principles are few and most simple. The first concerns the patients,—how *their* wants may be supplied. The second concerns the public,—how the science of medicine may be best served as a means of promoting the public health. That these objects are the very last which have been considered by the party of Sir BENJAMIN BRODIE in legislating for *St. George's Hospital*, is so plain, that words would be wasted in a farther exposition of the fact.

FOREIGN MEDICINE.

Gazette Médicale de Paris, January, 1836.

THE four numbers of this journal for the month of January, 1836, contain so few original articles, that the whole are comprised in the following communication:—

1. Memoir on the False Membranes of the Cerebral Arachnoid, founded on Observations collected at *Bicêtre*, by M. F. LELUT.

2. Memoir on Gangrene of the Lungs in Deranged Patients, by M. J. GUISLAIN.

3. Clinical Reminiscences of *St. Louis*. Wounds of the Head, by J. F. MALGAINE, M.D.

FALSE MEMBRANES OF THE ARACHNOID.

The memoir of M. LELUT contains twelve observations of arachnitis in insane patients, accompanied by an exudation of false membrane. In all these cases the intellectual faculties were deranged in the most serious manner, and there was, in addition, some lesion of motility, consisting either in convulsions, agitation, or paralysis. The false membrane in all cases existed in the cavity of the arachnoid, like the false membrane in pleuritis or peritonitis; it was never found between the arachnoid and pia mater, although Dr. ABERCROMBIE and several other writers speak of false membranes interposed between these two membranes. Indeed, many authors fall into this error. How many times do we see a case described as inflammation of the arachnoid, while the patho-

logical change is described as altogether existing outside that membrane!

The false membrane, in almost all the cases examined by M. Lelut, was situate on the convexity of the hemispheres, occupying the anterior part particularly: the author explains their mode of formation in the following manner. When simple serum is effused into the cavity of the arachnoid, it gives rise to the formation of false serous membranes, similar to those observed in true acute arachnitis. When, on the contrary, blood is exhaled in such a manner as not to produce a fatal apoplexy, the serous and aqueous parts are absorbed, and nothing is left but the fibrine, which is ultimately converted into a new tissue.

The authors who have observed false membranes on the arachnoid in a chronic form, are agreed in thinking that it is generally impossible to diagnosticate this lesion. Its symptoms are commonly confounded with those of cerebral compression or irritation, so frequent in maniacal patients.

GANGRENE OF THE LUNGS IN THE INSANE.

The memoir of M. Guislain also refers to a condition sometimes observed in insane persons. Laennec describes gangrene of the lung as a very rare disease; he saw it only six or eight times in the course of eighteen years' practice; M. Guislain has had occasion to see this disease much more frequently, in the insane patients at the hospital of Gand. He considers it as depending on the following conditions, viz., 1st. An aberration of the moral power consisting in a disgust and horror of all food. 2nd. A deterioration of the blood, in consequence. 3rd. An alteration of the pulmonary tissue, as a final result.

The attention of the author was first drawn to this disease by the circumstance of excessively foul breath in a patient, who for a long time had refused every kind of aliment. On examining the body he found the lungs extensively sphacelated. This obstinate refusal of food exists in many patients affected with melancholy; in one-ninth of all the insane, according to the author, it is excessively difficult to overcome; they sometimes remain twenty, thirty, or sixty days without accepting any food, drinking nothing but some cold water, or fasting the first days of the week and then eating on the rest.

M. Guislain has made thirteen autopsies of deranged persons who thus died in a state of inanition: in nine of the thirteen he found the lungs gangrenous: in three cases the tissue of the lungs was of a darker colour than usual, and in one there was a simple congestion at the posterior part of the lungs. In the gangrene, one lung was always more affected than the other, and the lesion, which never implicated more than one-fifth of the lung, was more sensible at the summit than at the base. The patient never seemed to suffer any pain in the chest; he did not cough; the respiration was not difficult, nor was there any appearance of fever: the skin was cooler than natural, and the pulse rather retarded than accelerated.

In all the insane patients who have abstained for any time from eating, the author observed a special symptom, viz., a change in the colour of the skin; always more striking the longer the patient remained without eating. This consisted in a brick-red colour of the cheeks, passing by degrees to brown or purple. It probably depends on a change in the composition of the blood, produced by abstinence. Inflammation of the stomach or abdominal viscera was not observed in a single case; the stomach always presented itself with the most healthy appearance. This is the more curious, as the experiments and observations of Haller, Dumas, Broussais, Magendie, and Adelon, show that in most cases of forced abstinence the stomach affords traces of inflammation or even of erosion. In the insane person who refuses food, we find nothing of this; we see no trace of pain. When restored to his faculties, he affirms that he never felt hungry; we remark no fever, no heat of skin, no acceleration in the pulse. In abstinence of a healthy individual the force sinks rapidly; in the insane, on the contrary, the force is sustained nearly to the last day. He comes into the hospital after having fasted for 20, 30, or 40 days. He walks about, takes ordinary exercise, and continues to live in a state of extreme emaciation, though not much debilitated, for months, or even years, swallowing from time to time a mouthful of broth, while another person subjected to the same privations would die in eight or ten days. Insane patients affected with this disgust for food not only seem to be indiffe-

rent to hunger, but the other senses appear equally modified. Thus they support the sensation of cold and heat with an astonishing indifference; a heated iron applied to the skin produces scarcely any sign of suffering; they are indifferent to the loudest noises; they regard the sun without blinking, and all the other senses are in a similar degree of stupor. The following case, which we quote from the memoir of M. GUISLAIN, shows that when the mental state has not made too great progress, we may hope to overcome the resistance of the patient, and even when the pulmonary lesion is very grave, an unexpected cure may take place:—

Case.—Marie de Leest, descended from a family in which several members were mad, was seized with a deep melancholy while in the establishment of the author. The patient was 28 years of age, of very delicate complexion, blue eyes, and light hair. Two months after her entrance she commenced to refuse all kinds of food; three days passed in perfect abstinence. Threats and entreaties were employed in vain. At length force was had recourse to, which succeeded twice; but the patient soon offered such violent resistance that the liquid was retained in the pharynx, and after some time rejected by the mouth. The introduction of a tube into the œsophagus was impossible. The same fruitless efforts to introduce a little food were repeated day after day; sometimes, perhaps, a few spoonfuls of broth were passed. The colour of the face now commenced to assume the pathognomic character. The force declined gradually, and after two months spent in complete abstinence she commenced, without any previous cough or difficulty of respiration, to spit up fetid matter, at first rusty-coloured, and finally brown. At this time she did not eat a single morsel of food, as we were afraid to employ force lest suffocation should be produced. However, after remaining some time in this condition, she suddenly determined to eat, and in a few days the face recovered its former pale colour; the sanguineous fetid expectoration ceased by degrees, and the patient at length recovered a perfect state of health. She left the house in 1829, but came in again in 1831. This time also her disease was characterized by a refusal to eat, and by pulmonary disease, under which she sank. On opening the body, the left lung was found reduced to a dark and fetid mass.

Archives Générales de Médecine, September, October, November, December, 1835.

The press of other matter prevented us on a former occasion from noticing more than one or two articles contained in the last four numbers of the *Archives Générales*. We now return to the original papers contained in this excellent journal for the last *trimestre*. They are,

1st. Researches on some of the causes that hasten or retard the period of puberty; by M. MARC D'ESPINE.

2. Conclusion of Researches on Dysentery. By M. THOMAS.

3. Researches on the Pulse, the Respiration, and the Temperature of the Body in Diseases, and on the Relations existing between these Phenomena. By M. A. DONNE, Chef de Clinique.

4. On the Physiological and Essential Effects of the Rarefaction and Compression of the Air on the Body or Limbs. By M. T. JUNOD.

5. Memoir on Pericarditis. By M. HACHE, Interne.

6. Clinical Researches into the Diseases of Old Persons. By Messrs. HOURMANN and DE CHAMBRE.

7. Researches on the Movements of the Heart. By M. BEAU, Interne.

THE PULSE, RESPIRATION, AND HEAT.

We present our readers with the paper by M. DONNE, on the relations which exist between the pulse, respiration, and animal heat, in different diseases.

The experiments which form the basis of this memoir, were conducted at the hospitals of *La Pitié* and *La Charité*, with the object of determining how far the pulse, the respiration, and the heat of the body, are affected simultaneously or independently in several diseases. For a statement of the numbers ascertained during the great series of experiments made by M. DONNE, we must refer to his memoir. Our space will only permit us to notice some of the general results which have been obtained. The experiments were made on persons affected with pneumonia, pleuritis, phthisis, hypertrophy of the heart, hemoptysis, chlorosis, diabetes, puerperal fever, hemiplegia, hysteria, jaundice, &c.

The first question examined was, in what diseases do we find the pulse most frequent, and the animal heat most elevated? The following numbers, selected from amongst a great many experiments, answer this first question:—

	Pulse.	Temperature.	Respiration.
Hypertrophy of the heart	150	39½	34.
Puerperal fever	168	40	48.
Phthisis	140	39	62.
Typhus fever	136	40	50.

The above cases were those in which the pulse and heat had attained the highest degree of elevation; the latter was measured by the centigrade thermometer, thirty-six to thirty-seven degrees of which give the normal temperature of the human body. It may be seen, from the above table, that the acceleration of pulse was always accompanied by an elevation of temperature; the skin is most warm in those individuals in whom the pulse is quickest; this rule, however, cannot be generalized too extensively; it is not true in all diseases. Thus M. Donne gives forty-two experiments made on patients affected with pulmonary tubercles; in twenty-six we do not find any relation between the temperature and pulse; in sixteen cases only, the animal heat fell or rose in proportion to the slowness or acceleration of the pulse. Again, in ten observations made on pleuritic patients, we cannot discover any relation between the state of the pulse and the degree of heat; on the contrary, in seven experiments made in pneumonia, the heat constantly rose with the pulse. The same relation was observed in twelve experiments on patients affected with hypertrophy; in eleven experiments on puerperal fever; in four experiments on jaundice; in six experiments on acute rheumatism; in five experiments on inflammatory fever; and, finally, in six experiments on typhus fever. In fourteen experiments made on females affected with chlorosis, the relation of the pulse and heat was by no means constant.

The above numbers confirm, in an exact manner, an opinion generally received amongst physiologists, although it never before was proved by direct experiments on a large scale—viz. that the animal heat often ascends or descends with the pulse. They also prove another point, which is contrary to the ideas generally received. They show that in some cases there is no *proportion* whatever between the number of pulsations and the degree of heat, although the relation of ascending and descending may still exist. Thus, in one case of typhus fever, the pulse being at ninety, the thermometer marked thirty-nine degrees; and in another where the pulse was up to 108 it marked 40°, the maximum of heat in the human body. M. Donne, however, remarks, that typhus fever is the only disease in which he observed this great disproportion between the pulse and heat. In the normal state of the body, we do not find this close connection between the pulse and animal heat; this is easily proved by experiments, which every one can perform on himself; we can make the pulse mount fifteen or twenty beats in the minute, without producing the least change in the temperature of the body. In cases of disease this is not the case; the heat is elevated with the quickness of the pulse; but here an interesting question, which has never been examined by physicians, presents itself. Does this relation between the pulse and heat exist more in one disease than in another? Is it influenced by the nature of the disease? Thus, for example, does it depend on the integrity of the organs of sanguification, of the nervous system, or of any other apparatus?

These questions are resolved by the tables given by M. Donne. Thus, in tubercular affection of the lungs, and in pleurisy, the relation between the pulse and heat is more frequently absent than present. In chlorosis, again, we do not observe this relation; the latter disease, indeed, does not belong to the pulmonary organs, but sanguification may be regarded as imperfectly performed. In organic affections of the heart, such as hypertrophy, contraction of its valvular openings, &c, the relation is not constant, but it is more frequently present than absent. On the other hand, in puerperal fever, in hemiplegia, jaundice, inflammatory fever, ague, and peritonitis, the relation between the pulse and heat was almost constantly observed. In the theory of animal heat, such as it is generally admitted at the present day, after the researches of MM. Dulong and Despretz, the augmentation of the animal heat may be attributed to the acceleration of the circulation. In this theory, nine-tenths of the heat in animal bodies is attributed to the combination of the carbon of the blood with the oxygen of the air, and hence the more quickly the blood passes through the lungs, the more carbonic acid will be formed, and the more the heat of the body is elevated. However, some strong objections may be made to this theory. In the first place, it is remarkable that one of the diseases in which the animal heat is most elevated, is precisely that in which sanguification is most imperfectly performed: thus, in pulmonary consumption, the heat of the body often rises to 38°, 39°, or 40°, even,

where one half or two-thirds of the lungs are indurated, and impermeable to air. Again, the experiments made in typhus fever, show that the animal heat depends on other sources than sanguification and assimilation; in that affection, certainly the pulse is not always much accelerated, nor the respiration very quick, yet we find the heat of the body mounting in one case to 39°, with a pulse of 93; in a second case, equally to 39°, while the pulse was at 108, and the respiration at 28.

M. DONNE proposes to follow up these interesting inquiries. We shall take care to communicate his observations as they appear.

PERICARDITIS.

The memoir on pericarditis, by M. HACHE, is an excellent *resumé* of the present state of our knowledge on pericarditis, by an old interne of M. LOUIS. The conclusions to which he comes are based upon eight cases of pericarditis, observed with all the care peculiar to the pupils of M. LOUIS's school; of eight more cases, collected by M. LOUIS between 1830 and 1833; and, finally, on an examination of these original observations with those published very lately by Professor BOUILLAUD of *La Charité*. It is not our intention to go over details already sufficiently known to the profession, we shall therefore merely notice a few principal points in the memoir of M. HACHE.

The cases observed by our author may be distinguished into two kinds; one where the disease was simple; the other in which the pericarditis was accompanied by various complications. In the first of these forms the disease appeared in such a manner, that if we were to be guided by the description given in any of our standard medical treatises, it would be impossible to detect, or even to suspect, the existence of inflammation of the pericardium. Thus the premonitory symptoms were mild, consisting in some pain in the precordial region, a little cough, and very slight fever, which did not prevent the patients from pursuing their ordinary occupations, or even laborious employment. After one or two weeks they came to the hospital on foot. Nothing in the patient's countenance of a general bearing, indicated the existence of a severe malady; the face was calm; the skin quite cool; the pulse moderate, and, we again repeat, without the assistance of percussion and auscultation, it would have been quite impossible to detect the change which had taken place in the cavity of the chest. Pain in the precordial region seems to be a symptom much more frequently existing than authors generally describe it to be. Thus in all the cases observed by M. HACHE, the development of pericarditis was marked by some pain, at times slight, near the left mamma. The same result is obtained by examining the twenty-two cases detailed by M. LOUIS and M. BOUILLAUD, while in a moiety only of those published previously to the memoir of M. LOUIS in 1826, the presence of pain about the precordial region is mentioned. Palpitation is another symptom which frequently attends pericarditis. It is, indeed, mentioned by all writers, but it may not be useless to give, what we may call, some statistical notes of this symptom. It was present in all the eight cases of M. HACHE. In the twelve cases of pericarditis published by M. LOUIS, it is mentioned six times. Thus we have palpitations existing in fourteen out of twenty cases. However, if we analyze the twenty-eight cases published by M. BOUILLAUD, we find palpitations mentioned only three times. How is this great difference to be explained? In many cases of pericarditis, the palpitations do not cause much distress, or attract the patient's attention, and we think with M. LOUIS, that if palpitations are not mentioned by M. BOUILLAUD in more than three cases out of twenty-eight, it is because his attention was not directed to that point. This circumstance shows the necessity of noticing, as well those symptoms which are absent as those which are present, if we desire a case to possess the full value of which it is capable. It is a point upon which M. LOUIS insists with some earnestness, and is one of which English writers are by far too negligent.

The rational signs of pericarditis are, as we have before said, insufficient to demonstrate the existence of this disease: fortunately the physical signs are much more certain; they are given at length, and with clearness, by M. HACHE. Before entering on an examination of these signs, we should mention that the author seems to refer constantly to cases of pericarditis with abundant effusion, and not to the dry variety of Dr. STOKES. One of the first physical symptoms worthy of notice is a prominence over the precordial region, depending evidently on protrusion of the soft thoracic parietes by the distended pericardium; this symptom was very well marked in five of M. HACHE's cases. In one it was slight; in two young girls it could not be determined; but there the disease was very slight, and if a small difference existed between the two sides of the chest, it was masked by the volume of the breasts.

Sonority of the Chest.—In all cases percussion gave a dull sound over the whole of the precordial region, and above this, along

the sternum, as far as the third, second, or even first rib. As resolution took place, this region became sonorous from above downwards, but in many subjects the sound remained obscure beyond its usual limits, at the time they left the hospital, all other symptoms having completely disappeared.

Auscultation.—In all cases the respiratory sound was absent, or more or less weakened, in the whole of the space occupied by the distended pericardium. This symptom evidently depends on the portion of the left lung which commonly covers the heart, being pushed on one side. As the effusion was taken up, the respiratory bruit re-appeared, from above downwards, in the space where it was before absent.

Sounds of the Heart.—In cases of effusion, the normal sounds of the heart are obscured and displaced; being more evident at the level of the third rib than elsewhere. The rythmus was altered in three cases only, and then in a cursory degree. M. Louis observed the same irregularity in two cases out of eight; and in fourteen cases of cure, reported by M. Bouillaud, we notice it only once. Hence irregularity in the pulsations of the heart exists only in one-fifth of cases of cure, and that in a momentary manner. It cannot be regarded as an important character in the diagnosis of simple pericarditis; it seems to belong rather to that acute and complicated affection of which pericarditis forms only an element.

Abnormal Sounds.—The bruit de frottement existed in only three out of the eight cases observed by the author: in eight cases reported by M. Louis the same bruit was absent; however, it must be remarked, that at the time the patients were examined, the pericardium was the seat of more or less abundant effusion. The three cases in which the bruit de frottement was heard, occurred in subjects who laboured under the disease for a great length of time, and it appeared at a period (23rd to 25th day) when the symptoms evidently showed that absorption of the effused fluid had taken place in part. In two cases this bruit continued only three days, was not very distinct, but superficial, and was not accompanied by vibration of the thoracic parietes. In the third case the bruit de frottement was very strong, and at its commencement presented the timbre of a sonorous bruit de cuir. During the last four days it was attended by a vibratory thrilling of the thoracic parietes, circumscribed, at first, like the bruit de frottement, to the portion of the third intercostal space that joins the sternum at the left side, it then extended to the whole precordial region, and disappeared gradually with the rubbing sound. The latter bruit ceased suddenly on the 12th day after its operation, when the increased prominence over the precordial region, and matity, announced a fresh effusion. Four days after this relapse the bruit de frottement reappeared, but with less force, and was attended by no vibrating thrill. M. Hache says,

"These details confirm fully the result of the observations published by Dr. Stokes in the *Dublin Journal*, on the mode of apposition and formation of the fremissement vibratoire. It is developed under the same circumstances as the bruit de frottement, but much more rarely. In the cases reported by M. Bouillaud it is noticed only once, and then described as a *new* species of fremissement cataire.

"Thus, in thirteen cases of pericarditis, where the bruit de frottement was distinct, the fremissement was only observed twice, or in one-sixth of the cases; but as the bruit de frottement itself exists in only half the number of cases, it follows that the phenomenon discovered by Dr. Stokes exists only once in twelve cases, and must, therefore, be of secondary importance."* In one case the author observed the metallic tinkling at a time when the effused fluid was nearly absorbed; M. Bouillaud has noticed the same sound in several of his cases. We do not propose to follow the author through the analysis which he gives of other symptoms furnished by lesions of innervation, of circulation, or nutrition; let us,

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* We have given the very words of M. Hache, or nearly so. It is evident that he has not read the paper of Dr. Stokes, or has been led into error by an imperfect translation. In the first place, the object of Dr. Stokes's paper was not to prove the existence of fremissement as a diagnostic sign of pericarditis, but to direct our attention to the value of stethoscopic phenomena, and chiefly to the bruit de frottement, in the diagnosis of pericarditis. Again, Dr. Stokes does not describe the vibratory thrill as existing in all his six cases; and, finally M. Hache's statistics are evidently erroneous when he says, "in thirteen cases where the bruit de frottement, or de cuir neuf, was observed, the fremissement was perceived only twice," because a few lines before this he quotes Dr. Stokes's authority for six cases, in which these two symptoms coincided together.

Since writing the above observations, we have referred to the number of the *Archives Générales* (for January 1834), in which Dr. Stokes's paper is translated, and we must say, in justice to that excellent journal, that the translation is perfectly correct, and that the errors of M. Hache must be placed to his own account.

however, say a few words on one symptom, which, if our memory does not deceive us, is given as a frequent attendant upon pericarditis; this is fainting: it was observed in two cases only, where the disease was complicated by other grave affections: one patient suffered under this symptom at the commencement of the disease; another felt faint whenever he attempted to sit upright. The same phenomenon was observed only once by M. Louis, and once by M. Bouillaud; *never* in simple cases of pericarditis. Fainting, then, does not belong to pericarditis, and may, in all probability, be attributed rather to the dangerous complications which exist in all cases where this phenomenon manifests itself.

Diagnosis.—In the cases observed by M. Hache, the pain about the precordium, palpitations with or without dyspnœa, troubled dreams, or sudden awaking with fright, were nearly constant symptoms; but these are not sufficient to determine in a certain manner the existence of this disease, which can only be discovered by exploration of the chest. Then the development of the left side of the chest, the dulness of sound over the whole precordial region, with absence of the respiratory sound in that space, the displacement of the sounds of the heart, frequently attended with absence of impulse,—all these signs indicate the presence of effusion into the pericardium, and are the more important, because in most cases inflammation of that membrane determines effusion, and we are rarely called upon to examine a patient in the first days of his disease. These observations apply only to pericarditis with effusion; the author has not had an opportunity of seeing what Dr. Stokes calls the dry variety.

The march and termination of simple pericarditis are usually favourable. The disease terminates by cure from about the 15th to the 22nd day, under the influence of antiphlogistic treatment; however, this malady is more frequently complicated than simple: thus in five of the eight cases reported by M. Hache, he observed the following complications; in one inflammation of the lungs; in two rheumatism; in two tubercles. The coincidence of rheumatism is regarded as very frequent by M. Bouillaud, who says "rheumatismal pericarditis is incomparably more frequent than any other species; it exists in about the half of all subjects affected with severe articular rheumatism." This assertion is rather too general; in composing the cases reported by M. Bouillaud, Andral, Dr. Stokes, Louis, and M. Hache, have a total of 72, and find that acute articular rheumatism existed only sixteen times, or less than one-fourth.

The age and sex have a certain influence in the frequency of pericarditis. Thus the oldest of M. Hache's patients was 38 years of age: of fifty-five cases contained in the works of Andral, Louis, and Bouillaud, we find only six whose age passed 40, and the majority was below 20. Pericarditis, then, is a malady of young persons, but it is much more frequent in the adult than in the child. Females are less subject to the disease than males. In 107 cases collected by M. Louis, we find 27 women, 80 men; and in the 36 observations of M. Bouillaud, we have only 7 females, 29 males. It is unnecessary to enter into any details upon the treatment of this disease by M. Louis. In all cases, a moderate antiphlogistic method was employed with success. Digitalis was administered to five subjects during a period of from six to thirty days, one grain the first day, carried gradually to six grains in twenty-four hours: in two cases it produced a manifest lowering of the pulse, but the other symptoms were not relieved in proportion, and the pulse soon rose again, although the medicine was continued for a length of time and in elevated doses.

THE LANCET.

London, Saturday, February 13, 1836.

Never was there a more favourable period than the present for promoting a little gentle agitation on the subject of medical reform. But although there is an overflowing catalogue of abuses which require to be demolished, yet there are questions standing apart for consideration, which are altogether unconnected with the misgovernment and malpractices of our medical colleges, corporations, and hospitals. On some points a great difference of opinion prevails, many contending that a liberal system of government would be injurious to the interests of the community, while others believe that if the self-perpetuating principles in the election of the rulers in our colleges were abolished, good government in medical matters would be the certain and speedy result.

There is one grievance, however, which, although it is itself the source of much heart-burning and injustice, does not owe its origin to any enactments of the Legislature, or to any charters granted by the Crown.

We refer to the unjust treatment to which medical practitioners are subjected, who attend as witnesses at Coroners' Inquisitions. We, therefore, earnestly and emphatically entreat our professional brethren to use their utmost endeavours to obtain support for a bill which, in all probability, will be placed on the table of the House of Commons on the 2nd of March next. The mode of proceeding in that as in every other case in which the interference of Parliament is required, is by petition; but we would remark here, that it is a great mistake to suppose that one petition, however numerously signed, is, or can be, equal in influence to a great number of petitions coming from various cities, towns, and other places in the country; because in the latter case a numerous body of members of both houses of Parliament will be enlisted on the side of the profession. If there be but *one* petition, it can be presented by but one member. If there be numerous petitions, they are necessarily placed in the hands of *many* members, who are then made to feel an interest in the subject, which could not from any other circumstance occupy their minds. Besides, each petition may ensure an application by letter, or a personal interview, or, at any rate, some communication between a medical practitioner and some member of Parliament with whom he or his brethren may be acquainted. Had we anything to fear from an investigation of the subject, we might be chary and cautious in hazarding such applications, but the demand of medical witnesses to be paid for the time and services required in attending at Coroners' Inquests, is founded on such a just and immoveable basis, that no danger can arise from its discussion,—none from the severest scrutiny into the correctness of the claim. What, we ask, is the value of the inquest, in five cases out of ten, unless there be a medical witness present on the occasion? And what right have the public to insist that the professional services of a medical man shall be devoted in aid of the proceedings at a Coroner's Inquisition, without making him an adequate return in the way of compensation? In fact, the entire proceeding, in many instances, constitutes a worthless, nay, even a mischievous farce, in consequence, almost entirely, of the want of a law which authorizes the coroner to direct the payment of a sufficient sum for medical attendance. Be it observed, too, that a medical witness, on being summoned to attend at the inquest, is liable to be committed to a jail, in contempt of the mandate of the Court, if he omit to be present at the inquiry. Ought such a state of the law to last? Is it possible that it can last much longer if the medical profession discharge their duty to themselves and the public? This is a public and not merely a professional question. The welfare of the community is the point at issue. Often as we have thought and stated that the Court which is held by the Coroner, is one of the most important institutions in the kingdom, never has it struck us as being so vitally momentous as when we have reflected on the great value of the efficient and honourable medical testimony of witnesses who have been educated in the science of medicine. Even if the Coroner were himself a medical practitioner, it should be recollected that he is not a witness in the inquiry; but where the Coroner is not a medical practitioner, as we have a thousand times alleged he ought to be, in one half of the inquests that are held the money which is paid out of the county rates for the expenses of the Court, might as well be tossed into a river. Preposterous indeed, in this latter case, is the whole proceeding. It is then nothing but a solemn farce, which is calculated to lull unreflecting and ungifted spectators into a state of pernicious delusion.

It may be alleged that witnesses are not ordinarily reimbursed in our Courts of justice, except for the bare expenses which are consequent on their attendance. The

parallel, however, does not hold when it is attempted to be drawn between such persons and medical practitioners who give evidence at Coroners' Inquests. In the one case the witness generally attends because he was accidentally cognisant of the facts on which he is to be examined. In the other case the witness attends officially, and the value of his testimony depends on the time and money he may have devoted, in order to acquire a scientific knowledge of his profession.

Again. Without such testimony, the inquest is useless to the public. And, yet further, the entire duty of this attendance is necessarily restricted throughout a whole district, to the few practitioners who may be resident within its circle. Upon a very few persons the toil and responsibility of attendance on these occasions imperatively devolve. Upon what principle of justice, therefore, can a very few gentlemen, who have expended many years of their time, and many hundreds of pounds of their capital, in the mere attempt to render themselves competent to execute the general duties of their profession, be required to make, —systematically and regularly make,—the heavy sacrifices which the summonses of the Coroner usually demand? On our side of the question the entire justice of the arguments rest. On the other side of the question,—if there *be* an opponent,—he can be armed only with the weapons of prejudice. In the face of such instrument, the advocates of a correct principle stand in no danger.

But we must not remain passive and quiet in this emergency. It were folly, indeed, to continue gazing, stupidly gazing, at the progress of events, without taking some pains to turn the current of improvement to our own and the general advantage. *All*, that is, every friend to the cause of medical justice, should resolve to take part in the struggle. No doubt can be entertained of the successful progress of the MEDICAL WITNESSES BILL through Parliament, if medical practitioners will but use their influence in sending petitions, short petitions, to members of both Houses of the Legislature, praying that such a measure may be enacted into a law. We say to members of *both* Houses of the Legislature, because it is of the utmost consequence that an impression which is produced in one House of Assembly should not experience a countervailing check in the other.

It should be understood, also, that it is not necessary that the petitions should be written on parchment, as a sheet of common writing-paper is amply sufficient for the purpose.

Beyond praying for such remuneration as the Houses of Parliament may consider it wise and just to grant, it will only be necessary to point out the hardships to which medical practitioners are subjected by their being so often required to attend at inquests which are held many miles distant from their places of residence, occupying many hours of their time in the journey and in waiting during the progress of the proceedings. The folly, also, of drawing money from the county fund for the payment of the expenses of an inquest when efficient medical testimony is not received, should be shown, and allusion may with propriety be made to the necessity of instituting post-mortem examinations for the information of the coroner and jury, and of the danger to life which often attends such investigations.

And now let us hope that this grievance will no longer exist from want of applications for redress, or indisposition on the part of the Legislature to grant what is so truly and unquestionably just. Let us hope that a wiser state of things will arise out of the simultaneous exertions of the medical practitioners of this empire. Let it especially be remembered that no good result can follow any efforts which may be made, unless both houses of Parliament become the points towards which every effort is directed. Finally, we conjure every surgeon who may

concur in opinion with us on this subject, to let his name forthwith appear on the table of the House of Commons, attached to a petition in aid of the cause we now advocate. If there be no petition already awaiting signatures in his neighbourhood, let him write one out himself, and if he cannot procure other signatures besides his own, let two copies of the petition, with the single name, be transmitted, the one to a member of the House of Commons, and the other to the House of Peers. Such petitions will not have a trifling effect, because they have but one signature attached. It is *the petition*, be it remembered, and not *the number of signatures* appended to it, that brings the subject before the house to which it may be addressed.

With regard to the unfortunate position in which W. Cummin, M.D., of the *Aldersgate-street School*, is placed, we have the authority of the gentleman who questioned him on the 3rd inst. for stating, that that portion of the letter which appeared in The Lancet of Jan. 30, containing the *reply* of Dr. Cummin to the student's inquiry, *is strictly and positively correct*. We take this opportunity of stating, that up to the present hour, we have received no denial from Dr. Cummin to the allegation that he is the official colleague of Macleod in editing a journal which has been systematically devoted to slandering the general practitioners of this empire.

INTERCEPTED LETTERS.

"Dear Sir Henry,—At this moment I am placed in a difficult predicament. I must either conceal from you the truth, or, by making to you a full disclosure of my sentiments, run the risk of your displeasure. I hope, however, that you will not blame me for cautioning you about certain individuals with whom you are now acting. I am positive that their motives are not *pure*, and, if it appears to them to be necessary for their own selfish purposes, they will have no hesitation in throwing you, and all of us who adore you, overboard. I can trace hypocrisy, sycophancy, and apostacy, throughout the whole of their lives. It is your own unsuspicious, straight-forward, and benevolent disposition that prevents you from seeing their real characters. You have too good an opinion of mankind, and therefore it becomes the duty of your friends to point out to you the black side of the picture. Because you yourself detest intrigue (I mean *political* intrigue), you do not believe that it is the mainspring of action in others. With *you* all is open day. With a certain other person, who shall be nameless, all is 'dark as Erebus.' With *you* all is above board, plain, and unvarnished; but your surgical coadjutor does everything underground. He must always go round about the bush to accomplish his purpose; everything is obscure, mystical, and plastered with flattery. *You*, ever regardless of yourself, look but to the public weal, whilst your *mock* coadjutor thinks of no one, and never did think of any one, but his own dear self. You are, indeed, what a *true liberal* ought to be. He is an ultra humbug, double distilled. In all your transactions you walk straight forward, whilst *his* movements, like those of an old fox who is endeavouring to escape from his pursuers, are oblique, tortuous, and difficult to be traced, more particularly by an unsuspicious observer like yourself. You, Sir Henry, contemplate mankind with an eye of benignity and justice; *he* looks on them as a rich compound, like himself, of selfishness and corruption. Such differences in character are unfolded in each of your countenances,—the true mirror of the human heart! Your open, manly, and persuasive manner, in conversation, forms a remarkable contrast with the over-cautious hesitating mode of address so remarkable in the sanguineous knight of the lancet. The open straight-forward look of your fine blue eye, conveys a very different impression of your heart, from that of the unfixed and wandering gaze of those black orbs which by no chance ever looked a man in the face. The grovelling demeanour of the surgical prostitute forms a melancholy counterpart to your elegant and accomplished gait. Every one is struck by the air noble with which you enter a room. In the other, the head is bent forward and downward.

"While I thus license my pen in this delineation, I am led to reflect on the history of the individuals whom I have portrayed, and endeavour to account for such discrepancies in the attributes of each. In doing so the mystery is at once unfolded, and the striking differences of character are satisfactorily explained. *You* have certainly had many advantages in birth, education, and example, and all these you have amply had recourse to for raising a superstructure calculated to adorn the medical profession in

this the greatest metropolis of the world. You have shone with equal brilliance in the Court and in the College. The polish and suavity of your manners have rendered you as acceptable at the banquets of great peers, as at the tables of commoners; and, as I have heard you yourself so justly observe, your presence at the hospitable board of our beloved Sovereign has absolutely conferred a distinction on the College, and is an honour to the profession generally. Now let me contrast with this, your true and just character, that of the ephemeral reptile, the mushroom, the mock surgical reformer. In place of the classical and moral education which you received at Oxford, and the elegance of manners and ideas which you there acquired, he spent all his time within the precincts of an Institution, where, instead of being occupied in those pursuits which expand the mind and ripen the understanding, he was employed as the dirty drudge of the Hunterian robber, whose example,——Alas! we are all creatures of habit, and most of us are more prone to follow the path of evil than of good,—to become the leader of a set of corruptionists than the peaceful advisers of liberal and independent men.

"I have thought it proper to draw your attention to this subject. It is for you to consider what reliance should be placed on those who now ostensibly co-operate with you in your arduous endeavours to obstruct the progress of the Metropolitan University.

"Whenever you contrive to see Mr. SPRING RICE, pray fail not to tell me the results. It is better that I should communicate with the Fellows on the matter. *You* may be committed in the proceeding.

"Have you heard that the Council of the College of Surgeons have applied to the Bishop of LONDON to write a Latin inscription for their new building? I suspect that BRODIE is at the bottom of this, and that there is some peculiar object in the request. I also hear that the little man has been intriguing to get some relation of his own appointed as trustee to the Hunterian Museum. I have no doubt that he has a *good* intention in this; but he seems never to be at rest.

"Your faithful and devoted,

R.

"Monday."

"MY DEAR SIR,—Our matters regarding the University have been managed much as I anticipated. Sir BENJAMIN having procured an interview with Mr. SPRING RICE, with whom he assumed the character of a liberal, he got the Chancellor, step by step, to consent to see me. I soon found out, however, at my interview, that we had little to expect from Mr. RICE.

"I began with explaining to him how earnest our College was to reform itself, and I assured him that in the course of one or two years the thing would be done most satisfactorily to all parties. I explained to him that one great difficulty which we had to surmount was now got over by the deaths of TUTHILL and MATON, whose bigoted and contracted minds would not allow them to listen to any plan of reform, and that the few superannuated old dowagers who remained in the College would, in the course of nature, soon leave this world of sorrow, and thus would enable us younger Fellows, to sweep away those abuses which are so loudly complained of. I must confess that all I said seemed to make little impression on the mind of the CHANCELLOR. I could distinctly perceive that our foes had been there before us, and that it is determined to overthrow the present medical corporate bodies. He evidently saw the motives which had influenced BRODIE, and CHAMBERS was much too thick-headed a fellow to alter his views. In fact, it now appears to me next to certain, that a metropolitan university will be established, on the broadest possible basis, granting degrees in medicine and surgery on such terms as will best ensure to the public competent medical men, and permitting those who may obtain such degrees to practise their profession freely, without molestation, in all parts of the British dominion. When such a plan is carried into execution, what will become of us? Who will rule in Pall Mall East? What will be the condition of the Drug Company in Blackfriars? Who will come forward with fifty-pound Bank-notes to purchase our license? Who will then be at the trouble of trotting his terms at Oxford or Cambridge for a medical qualification? I certainly do not care so much about the change in Lincoln's-inn-fields, and, indeed, I agreed with Mr. SPRING RICE, that not one of the men of that Council ought to have anything to do, directly or indirectly, with the Metropolitan University.

"I have finally arranged to commence our evening entertainments at the College on the 2nd, when I shall have an interesting oration to deliver. In the interim I am giving a series of snug little dinner parties, at one of which I invited Dr. WILSON, in the hope of soothing his feelings of opposition. There is, however, a lamentable inflexibility about him which will give me some trouble. I have heard that he made a direct attack on poor M'CLOUD in the board-room of St. GEORGE'S the other day, as the editor of the Gazette. Ever yours,

"H. H.

"Thursday."

MEDICAL ATTENDANCE ON THE

SICK POOR.

To the Editor of THE LANCET.

SIR,—I beg leave to offer my mite towards the general fund of plans concerning this important and humane question.

1. The parish officers should submit to view, in a public place or at an open vestry, a list including every pauper in the parish who cannot afford to pay for medical aid in case of sickness. The list to include every individual member of a pauper's family who is unable to gain a livelihood.

2. Every pauper or indigent labourer who claims a place on the medical list, to have his claims openly heard and discussed once a-year by the parish officers and the parishioners who pay the taxes.

3. After having made the list, the parish should agree with a medical officer to attend every person named in the said list in case of sickness, for one year, at some fixed price, say fourteenpence per head in the country, and tenpence per head in the town. If we consider that poor families are generally very numerous, about fourteenpence will come near the mark; and if midwifery be included in the agreement, an additional sixpence should be added to each name on the list.

4. The medical candidate should be proposed by the guardians or the parish officers, and be elected by ballot, by those only who are on the list of paupers; by which means the paupers would be less liable to the abuses of a bad election. The paupers, also, would thus have some claim on their doctor's complacency and attention, as the voters have on members of Parliament.

5. Should sickness occur to persons not named in the list, yet who are unable to pay for medical attendance, such cases to be considered as common cases, not belonging to the agreement, and to be paid for *extra*, accordingly, by the parish. This extra payment will meet the miserly design of not placing on the list several who may have a just claim to be there. One such case would prove the wisdom of placing a dozen more names on the list.

Supposing a parish to contain fifty paupers who receive a weekly allowance, probably there will be two hundred entitled to have a place on the medical list. If these are taken at 1s. 2d. per head, the sum would amount to 11*l.* 13s. 4d.; and if 6d. towards midwifery be added, it would amount to 16*l.* 13s. 4d., which in a country practice is little enough.

This rate of payment is but very moderate, but then the practitioner does not expect to *fatten* by means of *poor* patients. Although the poor form an important part in the chain of society, yet the practitioner's principal reliance must be placed on the increase of his connections and usefulness through their means. The foregoing plan seems to me to be as simple and just as the nature of the circumstances concerned will allow; requiring, indeed, several modifications as to a fixed salary, &c. I am, Sir, yours respectfully,

CORVINUS.

Corwen, Feb. 8, 1836.

MEDICAL ATTENDANCE ON THE

SICK POOR.

To the Editor of THE LANCET,

SIR,—So much has been said in THE LANCET on the mode of procuring medical attendance for the sick poor, and the remunerntion of the practitioner, and it has been said so well, that little remains to be usefully offered. However, a few observations on the subject may not be superfluous. At the same time I take the opportunity of congratulating the profession on the prospect of the whole mass of absurdities which constitute the laws for regulating (!) medical practice, being brought before Parliament through the medium of the Editor of THE LANCET.

The medical clauses in the Poor-Law Amendment Act in no respect contemplate an increase in the effectiveness of the medical profession, and the preservation of the health and lives of the poor.

Even if I approved of the mode on which medical men are elected as attendants on the sick poor, I could find numerous errors in the details, but this would be useless, as I object *in toto* to the principle of contract—to the letting out of medical services to hire for a specified period of time, at all hazards, "come weal come woe." Moreover, it is not honest to either party, as it implies in each a feeling of distrust. On these grounds I and my predecessors have at all times refused to be parties to all medical contracts, and consequently for years have not attended any "parishes." Of course also we have declined any participation in the plan under the new Act, which therefore does not in any way affect my interests. I have thus, too, avoided the numerous disagreeable circumstances which are so frequently complained of in parish medical competition, from the eagerness with which medical men have caught at the depreciating offers of contracting overseers, jostling and jockeying each other in the scramble. Indeed, the present degradation of the profession seems to be self-sought and self-invited.

I do, therefore, on every ground agree with you in the opinion that medical men

must rely only on themselves and the legislature for redress under the numerous evils arising from the present anomalous and unjust laws. As for the poor! may God help them. If the Malthusian doctrine be good, commend them to the tender mercies of enlightened commissioners, who confide them to the care of "American" practitioners, *sans* "catheter," *sans* "horse," *sans* everything.

With regard to remuneration, I think the following mode would be advantageous. In cases beyond a certain distance (a mile?) a *mileage* should be charged. For the case itself, whether in town or country, a charge should be made in the ratio of its duration,—a certain sum per day, gradually diminishing after the first three days. Thus for a continued chronic case there would be a smaller *rate* of pay, and in an acute case of shorter duration, when more time and trouble are bestowed, the rate of remuneration would be somewhat greater.

Under such arrangements the poor might apply to whom they pleased, each practitioner at certain periods giving in (as directed under the new Act) the names of those patients who have been under his care, with an account of the nature and duration of their disorders. I am, Sir, yours obediently,

A COUNTRY PRACTITIONER.

Cirencester, Feb. 9, 1836.

POOR-LAW AMENDMENT ACT.

To the Editor of THE LANCET.

SIR,—The following statement will prove the hardship of my case under the Poor-law Amendment Act. Three years ago I engaged in a practice of sixty years' standing, which comprised the medical attendance on five parishes in my immediate neighbourhood, but which five parishes will not give me sufficient interest to obtain the attendance on the poor in the district, in consequence of the sudden introduction of strange medical men by the Poor-law Commissioners. I shall not be able to retain even the one parish in which I reside. The consequence will be, the entire destruction of my practice, the committal of a dead robbery on my property, with the prospect of starvation to the sufferer. The Guardians, after allowing a certain sum for a certain number of attendants, should, at least, divide that sum amongst the established medical men, allowing them to remain undisturbed. I transmit you my name and address privately, and am, Sir, your obedient servant,

A SUFFOLK PRACTITIONER.

MEDICAL CORONERS.

To the Editor.—SIR, As you desire to be informed of the medical coroners residing in the vicinity of the numerous readers of THE LANCET, I beg leave to state that the coroner for the county of Merioneth, is EDWARD WILLIAMS, Esq., of Bala, surgeon. In the next county to this, the county of Denbigh, there is also a medical coroner, R. NICHOLS, Esq., surgeon, of Ruthin. Thus it would seem that we are wiser in Wales than they are in England,—two at least of its counties having chosen their coroner from among the members of the medical profession. I am, Sir, your obedient humble servant,

JOHN WILLIAMS.

Corwen, Feb. 8, 1836.

Mr. SMITH'S INDENTURES.—*To the Editor.*—Sir,—In answer to an inquiry made in the last number of your journal, by the author of the letter signed "INVESTIGATOR," I hasten to furnish him with a statement of the simple facts. About half an hour before my examination terminated, the Clerk of the Court gave me my indenture of apprenticeship, which I placed by my side, when the examiner who was sitting opposite to me, whose name I have not the pleasure of knowing, took it up and looked at it. The rest of the proceeding has already been made known. Now if this mode of proceeding be irregular, which the author of the letter in question considers it to be, I am only performing a proper duty in stating the facts, in order that a similar proceeding may be prevented in future. You will oblige me by inserting this note in the pages of your very excellent journal. I remain, Sir, your obedient servant,

THOMAS SMITH.

1, Jewin-crescent.

To the Editor.—SIR, I beg to state, through the medium of your journal, that I have no knowledge or concern with certain individuals who have taken the liberty to affix my name to a preparation of *Sarsaparilla*, by printing it on the stamp,—as declared, at least, in certain advertisements. Nor have I, as I find it is asserted, anything to do with sarsaparilla, or any medicinal preparation whatsoever. Permit me also to state that legal measures will immediately be commenced in order to obtain redress for this most unjustifiable freedom, or forgery, as perhaps it might be designated. I am, Sir, most respectfully, your most obedient servant,

JOHN HANCOCK.

Commercial-road, Feb. 1836.

JERVIS-STREET HOSPITAL, DUBLIN.

CLINICAL REMARKS*

BY

DR. WALLACE.

SECONDARY SYPHILIS.

January, 1836.—*Ward No.* 8. The case of this individual (Mary Ross) deserves your particular attention. She is, I presume, from her appearance, only seventeen or eighteen years of age. You observe she looks full, and in rude health. She, however, labours under secondary syphilis, and the manner in which she contracted the disease, as well as the form of her symptoms, should be known to you, and impressed upon your memory. *First*, as to the manner in which she contracted the disease: she affirms, and I am perfectly convinced of her veracity, from the inquiries and examinations which I have made, that she contracted it from a child which she *dry*-nursed. Remember I have said *dry*-nursed. It is generally known that *wet* nurses often contract a disease from suckling infants labouring under symptoms of syphilis; but I do not know that it is generally admitted, that the *dry* nurse may also, by the contact of such a child, become diseased. This is however the fact; here is a proof of it. Numberless are the analogous cases which I have seen. I have known the disease to be propagated through whole families, yea, through a whole village, by simple contact. In all these cases, it is the matter of secondary sores which propagates the disease. You know that Mr. Hunter and his followers deny that secondary syphilitic sores are infectious or contagious. In this position they are quite mistaken. This is one of the numerous facts which my investigations have unfolded. The second point of attention in this girl's case, is the form of the symptoms. She has condylomata on the pudenda and round the anus, and you may here see that she has a fungoid excrescence on the surface of her tongue. You also remark that the front arches of her soft palate are ulcerated, and that the ulceration is of that superficial form which I have often told you almost uniformly accompanies condylomata. You also see that she has, scattered over her shoulders and arms, a number of somewhat rounded spots, of a red-brown colour, very slightly raised, and scaly, scarcely larger than a split-pea. With these symptoms she has no pains, nor any affection of the fibrous, synovial, or osseous systems. She has, in fact, the majority of those symptoms which you will find to occur in all the cases of syphilis which are produced by secondary matter. I have seen the child from whom she contracted the disease, and went to Fenglis for the purpose, and it labours under the same class of symptoms. I am anticipating by these remarks, gentlemen, some of a most important series of facts which I have discovered respecting the cause of the varieties in the symptoms of syphilis; and which I will very soon take an opportunity of communicating to you in a systematic form. The symptoms of syphilis under which this girl labours, yield with great rapidity to mercury, and are comparatively insensible to the action of the hydriodate of potash, which is, in some other forms of syphilis, a remedy far superior to mercury.

ULCERATED SURFACES.

February, 1836.—*Ward No.* 4. See how admirably this man's case is advancing to a cure! Can anything illustrate in a clearer light the value of my mode of treating old ulcerated surfaces? He had lost, from sloughing and ulceration, consequent on an injury, a large portion of the integuments on the inner surface of his thigh; and an extensive ulcer remained, which he could not get healed. He says he had applied to many persons, and had tried in vain all the ordinary applications and methods. When he was admitted, the ulcer was not less than eight inches long and three wide; and the skin surrounding it was very indolent, or callous. You see it is not now more than five inches long, and in some parts scarcely half an inch wide, and the surrounding integuments are much softer and more natural. How has this great improvement been so rapidly produced? You have seen the treatment; he has been kept in bed, the surface of the granulations has been dressed with water-dressing; that is, lint dipped in tepid water has been daily applied to the sore, and then covered by oiled silk; and the skin surrounding the sore has been, to the extent of an inch, several times rubbed with the solid nitrate of silver, previously dipped in water. This application, you see, causes the separation of the cuticle, and a temporary exhalation, or sweating, from the surface of the cutis.

Let me explain to you the principles of this treatment. You will find, if you attend to the subject, that old chronic ulcerations are prevented from healing, much more by a morbid state of the tissues immediately surrounding, and under, the diseased sur-

* Dr. Wallace gives clinical instruction in two forms, by conversation at the bedside of the patient, during his walk through the hospital, and by lecture in the theatre of the hospital. The former are here called his "CLINICAL REMARKS," and to the latter we have prefixed the title of his "CLINICAL LECTURES."—*Ed. L.*

face, than by the state of the diseased surface itself. Or, perhaps, it would be more correct to say, that they are prevented from healing, not only by the state of the diseased surface itself, but by the state of the surrounding parts, upon the healthy action of which, the reparation of the ulcerated surfaces mainly depends. In the treatment of such cases, however, practitioners seldom think of the surrounding parts. They apply dressings of various kinds to the surface itself, and seem to think nothing of the parts upon which the surface is placed, unless so far as they act on them by bandaging and by position.

My *first* object in the treatment of such cases is to leave the surface as much as possible undisturbed,—to let the regenerating lymph, when effused, remain without interruption; I do not allow the surface to be cleaned in such a way as to cause the slightest friction. I avoid all stimulating applications, which, although they may be of the mildest kind, too often cause the destruction of the very weak granulating germs, and thus undo daily what nature in her attempts at reparation is endeavouring to accomplish. To carry my first object into effect there is no mode of dressing to be compared with the water dressing, laid on with great gentleness, and removed only when there is an accumulation of discharge. My *second* object is to excite and alter the morbid state of the parts, upon which the ulcerated surface is placed, and to this end I stimulate, or act on, them with the nitrate of silver, applied as you have seen it applied by Mr. Molloy in this case. By this method, conjoined with an occasional purge, you will succeed in healing old sores, which can be healed in no other way, and in a surprisingly short time. And let me add, that a sore so healed is much less likely to re-ulcerate than one healed in any other manner. This I would explain by the fact that it is a mode of treatment which, by causing a healthy action in the surrounding parts, produces a sounder cicatrix, and consequently one more able to preserve its future integrity under exertion. You know that this practice differs widely from that of Mr. Higginbotham. He applies the nitrate of silver to the surface of the sore, as well as to the surrounding parts; but I have found this quite unnecessary, and greatly to retard the healing of the sore, as well as to cause unnecessary pain. Let me, however, recommend in the strongest manner to your perusal, Mr. Higginbotham's work. It is a most valuable contribution to surgery.

NORTH-LONDON HOSPITAL.

ERYSIPELAS OF THE HEAD—USE OF THE EXTRACTS OF ACONITE AND BELLADONNA.

Catherine Cox, aged 25, was admitted, February 4, with erysipelas of the face, under the care of Mr. Liston. She is married, and has had four children. She states that she has been subject to attacks of erysipelas for twelve years past, which have come on at all seasons, and without observing any regular intervals, sometimes a very few weeks intervening between them, and lasting for a fortnight or three weeks at a time, the cures not being completed under three weeks. She has, however, been quite free from the affection for the last four years. The evening before her admission she had become very much heated with washing, having at the time her catamenia upon her. She was attacked with rigors, succeeded by pyrexia, and sharp burning pain about the eyes. The catamenial discharge was also suppressed. On her admission into the hospital, the following symptoms presented themselves:—Great redness and swelling of the whole face; the left eyelid so puffed as completely to obstruct her sight; pulse 116, small, and hard; tongue moist and clean; bowels costive; great heat of the skin; severe pain in the head. Fomentations were used to the part every two hours, and an opening draught, containing the sulphate and carbonate of magnesia, with antimony wine, was given directly.

Feb. 5. Has passed a restless night; the erysipelas has extended over the left ear to the occiput; pulse same as yesterday; bowels opened by the medicine; great heat of skin and thirst; the catamenia have reappeared. Two tablespoonfuls of a mixture, containing one grain and a half of aconite and four ounces of water, were given every three hours.

Ten p.m. Has taken three doses of the aconite mixture. Pulse 108, softer; skin moister and softer; not so restless; she had a slight rigor about an hour ago. A mixture, containing one grain of the extract of belladonna in sixteen ounces of water, was now ordered, of which she took two tablespoonfuls every three hours.

6. Redness and swelling are much diminished; she has had a very quiet night; skin covered with a gentle perspiration; pulse 96; tongue moist and clean. She complains of no pain, and expresses herself as being a great deal better. As the bowels are confined, give a dose of castor oil. The belladonna mixture to be given every five hours.

7. Nearly convalescent; the redness has entirely disappeared; some œdema still remains about the orbital regions; the rest of the surface is wrinkled, and is desquamating; pulse 96; tongue clean; bowels

open. Discontinue the medicine. A pint of beef-tea daily.

9. Quite recovered, having been under treatment on this occasion only four days.

The aconite has superseded bleeding in many cases at this hospital.

DELIRIUM CUM DEBILITATE.—IMMENSE DOSES OF THE MURIATE OF MORPHIA.

Timothy Quill, aged 38, was admitted Dec. 18, under the care of Dr. Elliotson. He is an excavator, a strong and muscular man. He has been much addicted to drinking spirits, particularly rum, and has been considerably exposed to vicissitudes of the weather, and to noxious effluvia, such as those arising from common sewers. On his admission he told a story about the origin of his illness six months ago, of its seat in the right side, and at the epigastrium; of his travelling to Ireland for the recovery of his health, and the return of the complaint on resuming his occupation; he complained of thirst, loss of sleep, and tenderness over the abdomen. These circumstances were related with perfect coherence of manner, but they turned out afterwards to be all entirely destitute of foundation. He was very restless during the night, often leaving his bed, putting on his clothes, wishing to go out of the hospital, accusing the other patients of robbing him, complaining of dimness of sight and spectral appearances, and other mental delusions. A slight tremor, after careful observation, was detected in his fingers and his tongue. He says he has headache, and that he is thirsty. His bowels are confined, tongue clean, appetite very good. Pulse 60, slow and weak.

Dr. Elliotson considered this to be a case of delirium dependent on debility; but without the remarkable diagnostic sign of that disease. He therefore ordered the patient, on the day after his admission, to have half a grain of the muriate of morphia directly, to be repeated at bed-time if necessary.

21. Rather more tranquil.

23. Sleeps better at night, but still labours under delusions, and occasionally talks and mutters loudly and incoherently, and is so violent as to require to be pinioned.

24. Is more tranquil and rational to-day.

26. He was extremely violent the whole of yesterday, and to-day the irons have again been employed. Muriate of morphia, half a grain, every fourth hour.

28. Was extremely violent the whole of yesterday. The morphia to be given every three hours.

29. Still violent; the dose of morphia every two hours.

30. The morphia increased to one grain every two hours.

Jan. 2. Seems much better this morning, and gave rational answers to questions put to him.

4. Is rather quieter during the day, but becomes delirious, and is very violent every morning, between 3 and 4 A.M.

6. Muriate of morphia one grain every hour.

He was discharged to-day, in consequence of his creating such a noise in the wards.

COMPOUND AND COMMINUTED FRACTURE OF THE OLECRANON.—FRACTURE OF THE THIGH.—AMPUTATION OF THE ARM.

Charles Hussey, aged 36, a slater, was admitted October 15th, under the care of Mr. Cooper. He had fallen from a ladder, at the height of the third story of a house, in consequence of one of the steps breaking as he was ascending. The femur was broken transversely, at about the junction of the middle with its lower third. There was also a compound comminuted fracture of the olecranon of the left arm. With the point of the finger some fragments of bone could be felt within the wound, and one small piece was so loose, that it was taken out. The extremity of the olecranon was retracted by the triceps. The patient complained of pain in his side and back, where he had received some severe contusions. The thigh was put up with a long splint, in the straight position, and the elbow was extended by means of a splint in front of the joint, the arm having been previously bandaged from the fingers upwards. As a good deal of blood oozed from the wound, the sides of it were not brought together until the next day. A cold evaporating lotion was applied.

16. This morning a considerable swelling has extended up the limb, with ecchymosis over the olecranon; the bandage was therefore slackened; the man had passed a quiet night.

18. Not so well, has considerable fever; arm much swollen and discoloured; cuticle separating over the triceps; copious effusion of serum in the cellular tissue up to the shoulder.

20. Mr. Cooper visited the patient to-day; the bandages were removed, and a considerable quantity of pus, mixed with blood, allowed to escape from the wound. Mr. C. thought the man would have a better chance of living if the arm were amputated; but after a consultation with Mr. Liston and Dr. Quain, it was decided to try to save the limb. Fomentations and poultices were ordered, and the arm was left free from all pressure.

30. Since the last report two or three abscesses have formed about the elbow, and been opened. During the last two days he has been exceedingly restless and delirious; his pulse has risen to 136. A grain of the muriate of morphia was given to him, and

he was directed to be kept under the influence of that medicine.

From this time the case got gradually worse; the patient was delirious almost every night; the hand was œdematous, and erysipelas had attacked the forearm and arm, nearly as high as the armpit, and matter was diffused under the integuments. The pulse was varying from 130 to 150. As soon as the swelling and redness of the upper arm had somewhat abated, Mr. Cooper determined on removing the limb by the following operation:—An external flap was made, by introducing the point of a narrow smallish amputating knife into the centre of the posterior part of the limb until it touched the bone. The handle of the knife was then inclined towards the patient's side, and the point passed closely round the humerus, to the fore part. The external flap was then completed by carrying the knife through the biceps and centre of the front of the limb, and cutting downwards and outwards. The flap was two inches and a half in length. The internal flap was formed by introducing the knife at the upper and posterior angle of the wound, and passing it round the bone to the front angle of the first wound, and cutting downwards. The fibres of the brachialis and triceps were divided, and the bone was sawn through. Mr. Cooper said he was induced to remove this limb by the lateral flap operation; for, having written so much against it, it might be thought he was prejudiced against it, which was not the fact, and he would give it a fair trial by resorting to it in all cases in which he could. After the operation the pulse fell to 120.

Nov. 21. An incision was made into an erysipelatous swelling which has taken place over the pectoral muscles; the inflamed skin had been bathed with the nitrate of silver wash.

Dec. The patient went on favourably, the stump coming to be an excellent one, the thigh also having united.

HOUSE OF COMMONS.

Thursday, Feb. 4th.—Mr. Wakley gave notice that on Tuesday, the 1st of March, he should move for leave to bring in a bill to provide a sufficient payment to all legally-qualified medical practitioners who might be called on to attend, in a professional capacity, as witnesses at coroners' inquests.—*Morning Chronicle, Feb. 5.*

CORRESPONDENTS.

The length of *Observator's* reply, and its late arrival, render it impossible for us to examine his statements with sufficient care for notice in our present number.

Erratum.—In the leader at page 753 of the last number of The Lancet, the sentence beginning in line 21 of column 2, should have been printed thus:—"Not content with falsifying the conduct of the gentlemen (the students) whose temperate and admirable behaviour conferred a dignity on the deliberations of that assembly" &c. In a part of our impression the ninth word was printed "gentleman."

METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Feb. 1	44.	28.50	29.04	28.98	—	W.	
2	32.50	31.50	28.79	28.46	0.88125	N.E.	
3	35.25	32.	29.19	28.71	0.2875	N.W.	Rain and snow frequently on the 2nd, with rain on the 3rd and 4th. The remaining days were very fine for the season.
4	36.	33.75	29.86	29.49	0.08125	N.E.	
5	34.75	27.50	29.93	29.88	—	N.	
6	48.50	35.25	29.75	29.72	—	N.W.	
7	43.	29.	29.66	29.54	—	W.	

High Wycombe, Feb. 9th, 1836. W. Jackson.